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| Fill in this information to identify your case:                         |   |
|---|---|
| United States Bankruptcy Court for the:  Northern District of: Illinois |   |
| (State)  Case number (if known)   | Chapter you are filing under:  Chapter 7 Chapter 11 Chapter 12 Chapter 13 |

#### Official Form 101

### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1: Identify Yourself  |   |
|--|---|
| About Debtor 1:  | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. Your full name Terrance   | Anntoinette                                   |
| First name   | First name                                    |
| Write the name that is on your government-issued   |   |
| picture identification (for Middle name  | Middle name                                   |
| example, your driver's Williamson  | Williamson                                    |
| license or passport  Last name   | Last name                                     |
| Bring your picture identification to your Suffix (Sr., Jr., II, III) meeting with the trustee. | Suffix (Sr., Jr., II, III)                    |
| 2. All other names you   |   |
| have used in the last First name   | First name                                    |
| 8 years  |   |
| Middle name Include your married or  | Middle name                                   |
| maiden names.  |   |
| Last name  | Last name                                     |
| First name   | First name                                    |
| rirsunanie   | riist name                                    |
| Middle name  | Middle name                                   |
|  |   |
| Last name  | Last name                                     |
| 3. Only the last 4 digits Of your Social XXX - XX- 1163  | XXX - XX- <u>8123</u>                         |
| Security number or OR federal Individual   | OR  |
| Taxpayer 0 yy - yy-  | 9 xx - xx-                                    |
| Identification number (ITIN)   |   |

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| De | ebtor 1   Terrance<br>First Name                       | E Williamson  Middle Name Last Name  | Case number (if known)   |
|----|--|--|--|
|    |  |  |  |
|    |  | About Debtor 1:  | About Debtor 2 (Spouse Only in a Joint Case):  |
| 4. | Any business names and Employer                        | I have not used any business names or EINs.  | I have not used any business names or EINs.  |
|    | Identification Numbers (EIN) you have used in the last | Business name  | Business name  |
|    | 8 years  | Business name  | Business name  |
|    | Include trade names and doing business as names        | EIN  | EIN  |
|    |  | EIN  | EIN  |
| 5. | Where you live   |  | If Debtor 2 lives at a different address:  |
|    |  | 2401 W Dugdale Rd  | 2401 W Dugdale Rd  |
|    |  | Number Street  | Number Street  |
|    |  | Apt. 203   | Unit 203   |
|    |  | W  | W  |
|    |  | Waukegan Illinois 60085 City State Zip Code  | Waukegan Illinois 60085 City State Zip Code  |
|    |  | City State Zip Code  | City State Zip Code  |
|    |  | Lake   | Lake   |
|    |  | County   | County   |
|    |  | If your mailing address is different from the one  | If Debtor 2's mailing address is different from yours,   |
|    |  | above, fill it in here. Note that the court will send any  | fill it in here. Note that the court will send any notices to  |
|    |  | notices to you at this mailing address.  | this mailing address.  |
|    |  | ,  |  |
|    |  | Number Street  | Number Street  |
|    |  |  |  |
|    |  | City State Zip Code  | City State Zip Code  |
| _  |  | City State Zip Code  | City State Zip Code  |
| 6. | Why you are choosing this district                     | Check one:   | Check one:   |
|    | to file for bankruptcy                                 | Over the last 180 days before filing this petition, I ha lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
|    |  | I have another reason. Explain. (See 28 U.S.C. §§ 14   | I have another reason. Explain. (See 28 U.S.C. §§ 1408.)   |
|    |  |  |  |
|    |  |  |  |
|    |  |  |  |
|    |  |  |  |
|    |  |  |  |

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| Debtor 1 Terrance   | E  | Williamson   | Case number (if knd  | own)   |
|---|--|--|--|--|
| First Name  | Middle Name  | Last Name  |  |  |
| Part 2: Tell the Court Abo  | out Your Bankruptcy C  | ase  |  |  |
| 7. The chapter of the<br>Bankruptcy Code you<br>are choosing to file<br>under   |  | description of each, see <i>Notice Req</i> (10)). Also, go to the top of page 1 and  |  |  |
| 8. How you will pay the fee   | more details about cashier's check, or may pay with a cre  I need to pay the findividuals to Pay  I request that my judge may, but is rethe official poverty you choose this open. | thow you may pay. Typically, if you money order If your attorney is edit card or check with a pre-print fee in installments. If you choose Your Filing Fee in Installments (Coffee be waived (You may request not required to, waive your fee, and ine that applies to your family significant in the second state of the second | ou are paying the submitting you ed address. ethis option, sign official Form 103 this option only ad may do so onlize and you are used. |  |
| 9. Have you filed for<br>bankruptcy within the<br>last 8 years?   | Ves. District District District  | WhenWhenWhen   | MM / DD / YYYY  MM / DD / YYYY  MM / DD / YYYY   | Case number  Case number  Case number  |
| 10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | Ves. Debtor District Debtor District   | WhenWhen   | MM / DD / YYYY   | Relationship to you  Case number, if known  Relationship to you  Case number, if known |
| 11. Do you rent your residence?   | ✓ No. Go to  | lord obtained an eviction judgment a<br>o line 12.<br>ut <i>Initial Statement About an Eviction</i><br>oankruptcy petition.  |  |  |

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Williamson Debtor 1 Terrance \_\_ Case number (if known) Middle Name Last Name Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole No. Go to Part 4. **✓** proprietor of any fullor part-time Yes. Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than City State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set Chapter 11 of the appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance **Bankruptcy Code and** sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). are you a small business debtor? No. I am not filing under Chapter 11. **|** For a definition of small business debtor, No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the see 11 U.S.C. § Bankruptcy Code. 101(51D). Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have  $\overline{}$ No. any property that Yes. What is the hazard? poses or is alleged to pose a threat of imminent and If immediate attention is needed, why is it needed? identifiable hazard to public health or safety? Or do you Where is the property? own any property Street Number that needs immediate attention? For example, do you own perishable goods, City State Zip Code or livestock that must be fed, or a building that needs urgent repairs?

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 Debtor 1
 Terrance
 E
 Williamson
 Case number (if known)

 First Name
 Middle Name
 Last Name

#### Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): You must check one: You must check one: 15. Tell the court whether you have I received a briefing from an approved credit ✓ I received a briefing from an approved credit received briefing counseling agency within the 180 days before I counseling agency within the 180 days before I about credit filed this bankruptcy petition, and I received a filed this bankruptcy petition, and I received a counseling. certificate of completion. certificate of completion. Attach a copy of the certificate and the payment plan. Attach a copy of the certificate and the payment plan. The law requires that if any, that you developed with the agency. if any, that you developed with the agency. you receive a briefing about credit ☐ I received a briefing from an approved credit I received a briefing from an approved credit counseling before you counseling agency within the 180 days before I counseling agency within the 180 days before I file for bankruptcy. filed this bankruptcy petition, but I do not have a filed this bankruptcy petition, but I do not have a certificate of completion. certificate of completion. You must truthfully check one of the Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, following choices. If you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment you cannot do so, you are not eligible to file. I certify that I asked for credit counseling services I certify that I asked for credit counseling services from an approved agency, but was unable to from an approved agency, but was unable to If you file anyway, the obtain those services during the 7 days after I obtain those services during the 7 days after I court can dismiss your made my request, and exigent circumstances made my request, and exigent circumstances case, you will lose merit a 30-day temporary waiver of the merit a 30-day temporary waiver of the whatever filing fee you requirement. requirement. paid, and your creditors can begin To ask for a 30-day temporary waiver of the To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what requirement, attach a separate sheet explaining what collection activities efforts you made to obtain the briefing, why you were efforts you made to obtain the briefing, why you were again. unable to obtain it before you filed for bankruptcy, and unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this what exigent circumstances required you to file this Your case may be dismissed if the court is dissatisfied Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before with your reasons for not receiving a briefing before you filed for bankruptcy. you filed for bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. If you do not do so, your case may be dismissed. Any extension of the 30-day deadline is granted only Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit I am not required to receive a briefing about credit counseling because of: counseling because of: Incapacity. Incapacity. I have a mental illness or a mental I have a mental illness or a mental deficiency that makes me deficiency that makes me incapable of realizing or making incapable of realizing or making rational decisions about finances. rational decisions about finances. My physical disability causes me to Disability. My physical disability causes me to Disability. be unable to participate in a be unable to participate in a briefing in person, by phone, or briefing in person, by phone, or through the internet, even after I through the internet, even after I reasonably tried to do so. reasonably tried to do so. Active duty. I am currently on active military Active duty. I am currently on active military duty in a military combat zone. duty in a military combat zone. If you believe you are not required to receive a briefing If you believe you are not required to receive a briefing about credit counseling, you must file a motion for about credit counseling, you must file a motion for waiver of credit counseling with the court. waiver of credit counseling with the court.

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| Debtor 1 Terrance First Name  | E<br>Middle Name   | Williamson<br>Last Name  | Case number (if known)  |   |
|---|--|--|---|---|
|   | estions for Reporting Purpo  |  |   |   |
| 16. What kind of debts do you have?   | 16a. Are your debts primal "incurred by an individ No. Go to line 16b Yes. Go to line 17.  | rily consumer debt<br>dual primarily for a po<br>to<br>rily business debts'<br>or investment or thre                 | ersonal, family, or househo<br>Properties and Beneal Properties  Properties are debts  Properties are debts  Properties are debts  Properties are debts | s that you incurred to obtain ousiness or investment.   |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | expenses are paid th   | pter 7. Do you estimat   |   | erty is excluded and administrative<br>I creditors?   |
| 18. How many creditors do you estimate that you owe?  | ✓ 1-49<br>☐ 50-99<br>☐ 100-199<br>☐ 200-999  | 5,001  | -5,000<br>-10,000<br>1-25,000   | 25,001-50,000<br>50,001-100,000<br>More than 100,000  |
| 19. How much do you estimate your assets to be worth?   |  | \$10,00<br>\$50,00   | 0,001-\$10 million<br>00,001-\$50 million<br>00,001-\$100 million<br>000,001-\$500 million  | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |
| 20. How much do you estimate your liabilities to be?  |  | \$10,00<br>\$50,00   | 0,001-\$10 million<br>00,001-\$50 million<br>00,001-\$100 million<br>000,001-\$500 million  | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |
| Part 7: Sign Below  |  |  |   |   |
| For you   | correct.  If I have chosen to file under of title 11, United States Counder Chapter 7.  If no attorney represents me out this document, I have obtained in accordance. | r Chapter 7, I am awa<br>de. I understand the<br>and I did not pay or<br>otained and read the<br>with the chapter of | are that I may proceed, if ele relief available under each agree to pay someone whenotice required by 11 U.S fittle 11, United States Co                |   |
|   | •  | cy case can result in  | fines up to \$250,000, or in  | mprisonment for up to 20 years, or  |
|   | /s/ Terrance Williamson Signature of Debtor 1  |  | /s/ Anntoine<br>Signature of De   | ette Williamson<br>ebtor 2  |
|   | Executed on 3/6/201  | 7<br>/ DD / YYYY   | Executed on   |   |

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| Debtor 1 Terrance                                | Е                         | Williamson             | Case number (if k            | known)  |
|--|---------------------------|------------------------|------------------------------|---|
| First Name                                       | Middle Name               | Last Name              |                              |   |
| For your attorney, if you are represented by one | eligibility to proceed un | der Chapter 7, 11, 12  | 2, or 13 of title 11, United | ave informed the debtor(s) about<br>d States Code, and have explained the<br>lso certify that I have delivered to the |
| If you are not                                   | debtor(s) the notice req  | uired by 11 U.S.C. §   | 342(b) and, in a case in w   | which § 707(b)(4)(D) applies, certify that I  |
| represented by an                                | have no knowledge after   | er an inquiry that the | information in the schedu    | ules filed with the petition is incorrect.  |
| attorney, you do not                             | 4.0                       |                        |                              | ·   |
| need to file this page.                          | /s/ Nathan Delman         |                        | Date                         | 3/6/2017  |
|  | Signature of Attorney     | for Debtor             | M                            | M / DD / YYYY   |
|  |                           |                        |                              |   |
|  |                           |                        |                              |   |
|  | Nathan Delman             |                        |                              |   |
|  | Printed name              |                        |                              |   |
|  | Semrad Law Firm           |                        |                              |   |
|  | Firm name                 |                        |                              |   |
|  | 5101 Washington Str       | reet                   |                              |   |
|  | Street                    |                        |                              |   |
|  | Unit 29                   |                        |                              |   |
|  |                           |                        |                              |   |
|  | Gurnee                    |                        | Illinois                     | 60031   |
|  | City                      |                        | State                        | Zip Code  |
|  |                           |                        |                              |   |
|  | Contact phone             | 3124473700             | Email address                | ndelman@semradlaw.com   |
|  |                           |                        |                              |   |
|  | 6296205                   |                        | Illinois                     |   |
|  | Bar number                |                        | State                        |   |

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| Fill in this infor        | mation to identify your ca | ase:        |                      |
|---------------------------|----------------------------|-------------|----------------------|
| Debtor 1                  | Terrance                   | E           | Williamson           |
|                           | First Name                 | Middle Name | Last Name            |
| Debtor 2                  | Anntoinette                |             | Williamson           |
| (Spouse, if filing)       | First Name                 | Middle Name | Last Name            |
| United States E           | Bankruptcy Court for the:  | Northern    | District of Illinois |
| Case number<br>(If known) |                            |             | (State)              |

| Check | if t | his   | is | an |
|-------|------|-------|----|----|
| amend | ed   | filir | ng |    |

#### Official Form 106Sum

#### Summary of Your Assets and Liabilities and Certain Statistical Information 12/1

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

|  | <b>Your assets</b><br>Value of what you own        |
|--|--|
| . Schedule A/B: Property (Official Form 106A/B)  | \$0.00   |
| 1a. Copy line 55, Total real estate, from Schedule A/B   | ·  |
| 1b. Copy line 62, Total personal property, from Schedule A/B   | \$14,955.00<br>                                    |
| 1c. Copy line 63, Total of all property on Schedule A/B  | \$14,955.00  |
| art 2: Summarize Your Liabilities  |  |
|  | Your liabilities<br>Amount you owe                 |
| . Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)                                   | \$6,384.00   |
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D |  |
| . Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)   | \$12.00  |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                     |  |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F                  | \$31,086.16<br>——————————————————————————————————— |
| Your total liabilities   | \$37,482.16  |
|  |  |
| art 3: Summarize Your Income and Expenses  |  |
| . Schedule I: Your Income (Official Form 106I)   | \$2,749.22   |
| Copy your combined monthly income from line 12 of Schedule I   | · ·  |
|  |  |
| . Schedule J: Your Expenses (Official Form 106J)  Copy your monthly expenses from line 22, Column A, of Schedule J | \$2,489.00   |

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Williamson Debtor 1 Terrance \_ Case number (if known) Middle Name First Name Last Name Part 4: **Answer These Questions for Administrative and Statistical Records** 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes. 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those incurred by an individual primarily for a personal, family, or household purpose. 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official \$4,573.30 Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: From Part 4 on Schedule E/F, copy the following: **Total claim** \$0.00 9a. Domestic support obligations (Copy line 6a.) \$12.00 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$0.00 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$3,895.00 9d. Student loans. (Copy line 6f.) \$0.00 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$0.00 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

\$3,907.00

9g. Total. Add lines 9a through 9f.

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|   |   |  | Document Page 10 01 77  |  |
|---|---|--|---|--|
| Fill in this i                          | nformation to identify your ca  | se:  |   |  |
| Debtor 1                                | Terrance  | E  | Williamson  |  |
|   | First Name  | Middle Na  | me Last Name  |  |
| Debtor 2<br>(Spouse, if fili            | Anntoinette   | Middle No  | Williamson  |  |
| (Opouse, II IIII                        | <sup>ng)</sup> First Name   | Middle Na  | me Last Name  |  |
| United Stat                             | tes Bankruptcy Court for the:   | Northern   | District of Illinois (State)  |  |
| Case numl<br>(If known)                 | ber   |  | (Otate)   |  |
| Officia                                 | I Form 106A/B   |  |   | Check if this is an amended filing   |
| Sched                                   | lule A/B: Proper  | ty   |   | 12/  |
| category w<br>responsible<br>write your | rhere you think it fits best. Be<br>e for supplying correct inform<br>name and case number (if kn | e as complete an<br>lation. If more sp<br>lown). Answer ev | · · · · · · · · · · · · · · · · · · ·   | le are filing together, both are equally<br>his form. On the top of any additional pages,  |
| 1. Do you                               | own or have any legal or equ  | itable interest in   | any residence, building, land, or similar pr  | operty?  |
| V                                       | No. Go to Part 2  |  |   |  |
| $\overline{\Box}$                       | Yes. Where is the property?   |  |   |  |
| _                                       |   |  | What is the property? Check all that apply.   | Do not deduct secured claims or exemptions. Put  |
| 1.1                                     | Street address, if available, or o  | thar description   | Single-family home  | the amount of any secured claims on Schedule D<br>Creditors Who Have Claims Secured by Property.   |
|   | Street address, if available, or o  | iner description   | Duplex or multi-unit building   |  |
|   |   |  | Condominium or cooperative  | Current value of the entire property? Current value of the portion you own?  |
|   |   |  | Manufactured or mobile home   |  |
|   | Number Street   |  | Land  | Describe the nature of your ownership  |
|   |   |  | Investment property  Timeshare  | interest (such as fee simple, tenancy by   |
|   | City State  | Zip Code   | Other   | the entireties, or a life estate), if known.   |
|   |   |  | Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | Check if this is community property (see instructions)   |
|   |   |  | Other information you wish to add about th  | is item, such as local   |
|   |   |  | property identification number:   | •  |
| If you o                                | own or have more than one, list   |  | What is the manage of Observation that are  | Da mad dadust assumed the control of |
| 1.2                                     |   |  | What is the property? Check all that apply.  Single-family home   | Do not deduct secured claims or exemptions. Put<br>the amount of any secured claims on <i>Schedule D</i>   |
|   | Street address, if available, or o  | ther description   | Duplex or multi-unit building   | Creditors Who Have Claims Secured by Property.   |
|   |   |  | Condominium or cooperative  | Current value of the   |
|   |   |  | Manufactured or mobile home   | entire property? portion you own?  |
|   | N   |  | Land  |  |
|   | Number Street   |  | Investment property   | Describe the nature of your ownership<br>interest (such as fee simple, tenancy by  |
|   | City State  | Zip Code   | Timeshare Other   | the entireties, or a life estate), if known.   |
|   |   | ·  | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only   | Check if this is community property (see instructions)   |
|   |   |  | Debtor 1 and Debtor 2 only  |  |
|   |   |  | At least one of the debtors and another   |  |

Other information you wish to add about this item, such as local property identification number:

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| Debtor 1       |   | E                           | Williamson Case numb   | er (if known)   |   |
|----------------|---|-----------------------------|--|---|---|
|                | First Name  | Middle Name                 | Last Name  |   |   |
| 1.3            | et address, if available, or o                      |                             | What is the property? Check all that apply.  Single-family home  | the amount of any secu  | claims or exemptions. Put red claims on <i>Schedule D:</i> ims Secured by Property.   |
|                | ot address, ii avanabie, er e                       |                             | Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home   | Current value of the entire property?                                   | Current value of the portion you own?   |
|                | nber Street   | 7': 0.44                    | Land Investment property Timeshare   | Describe the nature o interest (such as fee s the entireties, or a life | imple, tenancy by   |
| City           | State   |                             | Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Other information you wish to add about this item property identification number: | Check if this is co<br>(see instructions)                               | mmunity property  |
|                | the dollar value of the pove attached for Part 1. W |                             | all of your entries from Part 1, including any entrientere.  | es for pages  |   |
| Do you ow      |   | r equitable interes         | st in any vehicles, whether they are registered or n<br>also report it on Schedule G: Executory Contracts and  | -   |   |
| 3. Cars, va No |   | tility vehicles, moto       | rcycles  |   |   |
| 3.1            | Make<br>Model:<br>Year:                             | Chevrolet<br>Impala<br>2005 | Who has an interest in the property? Check one.  Debtor 1 only   | the amount of any secu  | claims or exemptions. Put ured claims on <i>Schedule D:</i> aims Secured by Property. |
|                | Approximate mileage: Other information:             | 100000                      | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another   | Current value of the entire property?<br>\$5450.00                      | Current value of the portion you own?<br>\$5450.00                                    |
|                |   |                             | Check if this is community property (see instructions)   |   |   |
| 3.2            | Make Model:   | Jeep<br>Grand<br>Cherokee   | Who has an interest in the property? Check one.  Debtor 1 only   | the amount of any secu  | claims or exemptions. Put ured claims on <i>Schedule D:</i> aims Secured by Property. |
|                | Year: Approximate mileage: Other information:       | 2002<br>181000              | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another   | Current value of the entire property?<br>\$2075.00                      | Current value of the portion you own?<br>\$2075.00                                    |
|                |   |                             | Check if this is community property (see instructions)   |   |   |

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|      | Terrance  | E           | Williamson   | Case number  | er (it known)   |   |
|------|---|-------------|--|--|---|---|
|      | First Name  | Middle Name | Last Name  |  |   |   |
| 3.3  | Make  |             | Who has an interest in the p   | roperty? Check   |   | claims or exemptions. P   |
|      | Model:  |             | one.   |  |   | red claims on <i>Schedule</i><br>aims Secured by Propert  |
|      | Year:   |             | Debtor 1 only  |  | Creditors virio mave Cia  | airis Secured by Property   |
|      | Approximate mileage:  |             | Debtor 2 only  |  | Current value of the  | Current value of the  |
|      | Other information:  |             | Debtor 1 and Debtor 2 only   | /  | entire property?  | portion you own?  |
|      |   |             | At least one of the debtors  | and another  |   |   |
|      |   |             | Check if this is communi   | tv property (see   |   |   |
|      |   |             | instructions)  | <b>1) P. CPC. 1)</b> (888  |   |   |
| 3.4  | Make  |             | Who has an interest in the p   | roperty? Check   | Do not deduct secured   | claims or exemptions. P   |
|      | Model:  | ·           | one.   |  |   | red claims on <i>Schedule</i>   |
|      | Year:   |             | Debtor 1 only  |  | Creditors Who Have Cla  | aims Secured by Property  |
|      | Approximate mileage:  |             | Debtor 2 only  |  | Current value of the  | Current value of the  |
|      | Other information:  |             | Debtor 1 and Debtor 2 only   | /  | entire property?  | portion you own?  |
|      |   |             | At least one of the debtors  | and another  |   | ·   |
|      |   |             | Check if this is communi   | tv property (see   |   |   |
|      |   |             | _  | .,   |   |   |
| Exam |   |             | instructions)  ner recreational vehicles, other vertically the street of |  |   |   |
| Exam | nples: Boats, trailers, motor<br>No<br>Yes<br>Make  |             | ter recreational vehicles, other vertical triangles, make the second sec  | otorcycle accessor   | Do not deduct secured   | •   |
| Exam | nples: Boats, trailers, motor<br>No<br>Yes  |             | who has an interest in the p   | otorcycle accessor   | Do not deduct secured the amount of any secu  | claims or exemptions. P<br>ired claims on <i>Schedule</i><br>nims Secured by Property   |
| Exam | nples: Boats, trailers, motor<br>No<br>Yes<br>Make<br>Model:  |             | who has an interest in the pone.  Debtor 1 only  | otorcycle accessor   | Do not deduct secured<br>the amount of any secu<br>Creditors Who Have Cla   | red claims on Schedule ims Secured by Property  |
| Exam | nples: Boats, trailers, motor<br>No<br>Yes<br>Make<br>Model:<br>Year:<br>Approximate mileage:   |             | who has an interest in the pone.  Debtor 1 only  Debtor 2 only   | otorcycle accessor   | Do not deduct secured the amount of any secu Creditors Who Have Cla   | rred claims on Schedule nims Secured by Property Current value of the   |
| Exam | nples: Boats, trailers, motor<br>No<br>Yes<br>Make<br>Model:<br>Year:   |             | who has an interest in the pone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only   | otorcycle accessor roperty? Check  | Do not deduct secured<br>the amount of any secu<br>Creditors Who Have Cla   | red claims on Schedule ims Secured by Property  |
| Exam | nples: Boats, trailers, motor<br>No<br>Yes<br>Make<br>Model:<br>Year:<br>Approximate mileage:   |             | who has an interest in the pone.  Debtor 1 only Debtor 2 only At least one of the debtors  | otorcycle accessor roperty? Check  / and another                               | Do not deduct secured the amount of any secu Creditors Who Have Cla   | rred claims on Schedule nims Secured by Property Current value of the   |
| Exam | nples: Boats, trailers, motor<br>No<br>Yes<br>Make<br>Model:<br>Year:<br>Approximate mileage:   |             | who has an interest in the pone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only   | otorcycle accessor roperty? Check  / and another                               | Do not deduct secured the amount of any secu Creditors Who Have Cla   | rred claims on Schedule nims Secured by Property Current value of the   |
| 4.1  | nples: Boats, trailers, motor<br>No<br>Yes<br>Make<br>Model:<br>Year:<br>Approximate mileage:   |             | who has an interest in the pone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors Check if this is communi  | otorcycle accessor roperty? Check  / and another ty property (see              | Do not deduct secured the amount of any secu Creditors Who Have Cla   | rred claims on Schedule nims Secured by Property Current value of the   |
| 4.1  | nples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Approximate mileage:  Other information:  Make  Model:                          |             | who has an interest in the pone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors Check if this is communiinstructions)   | otorcycle accessor roperty? Check  / and another ty property (see              | Do not deduct secured the amount of any secuce Creditors Who Have Classes Current value of the entire property?  Do not deduct secured the amount of any secu   | claims or Schedule of the portion you own?  |
| 4.1  | nples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Other information:  Make  Model:  Year:   |             | who has an interest in the pone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors Check if this is communiinstructions) Who has an interest in the p  | otorcycle accessor roperty? Check  / and another ty property (see              | Do not deduct secured the amount of any secuce Creditors Who Have Classes Current value of the entire property?  Do not deduct secured the amount of any secu   | red claims on Schedule sims Secured by Property Current value of the portion you own?   |
| 4.1  | nples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Approximate mileage:  Other information:  Make  Model:                          |             | who has an interest in the pone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors Check if this is communi instructions)  Who has an interest in the pone.  | otorcycle accessor roperty? Check  / and another ty property (see              | Do not deduct secured the amount of any secuce Creditors Who Have Classes Current value of the entire property?  Do not deduct secured the amount of any secu   | claims or Schedule of the portion you own?  |
| 4.1  | nples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Other information:  Make  Model:  Year:   |             | who has an interest in the pone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors Check if this is communiinstructions)  Who has an interest in the pone.  Debtor 1 only  | otorcycle accessor roperty? Check  and another ty property (see roperty? Check | Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the entire property?  Do not deduct secured the amount of any secu Creditors Who Have Classifications                     | red claims on Schedule aims Secured by Property Current value of the portion you own?  claims or exemptions. Pared claims on Schedule aims Secured by Property                      |
| 4.1  | nples: Boats, trailers, motors  No  Yes  Make  Model: Year: Approximate mileage:  Other information:  Make  Model: Year: Approximate mileage: |             | who has an interest in the pone. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors Check if this is communiinstructions)  Who has an interest in the pone. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only  | otorcycle accessor roperty? Check  and another ty property (see roperty? Check | Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the entire property?  Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the | red claims on Schedule aims Secured by Property Current value of the portion you own?  claims or exemptions. Pared claims on Schedule aims Secured by Property Current value of the |
| 4.1  | nples: Boats, trailers, motors  No  Yes  Make  Model: Year: Approximate mileage:  Other information:  Make  Model: Year: Approximate mileage: |             | who has an interest in the pone.  Debtor 1 and Debtor 2 only  At least one of the debtors  Check if this is communiinstructions)  Who has an interest in the pone.  Debtor 1 and Debtor 2 only  Debtor 2 only  At least one of the debtors  Check if this is communiinstructions)  Who has an interest in the pone.  Debtor 1 only  Debtor 2 only  Debtor 2 only   | roperty? Check  and another ty property (see roperty? Check                    | Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the entire property?  Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the | red claims on Schedule aims Secured by Property Current value of the portion you own?  claims or exemptions. Pared claims on Schedule aims Secured by Property Current value of the |

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Williamson Debtor 1 Terrance Case number (if known) Middle Name First Name Last Name Part 3: **Describe Your Personal and Household Items** Current value of the Do you own or have any legal or equitable interest in any of the following items? portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware Yes. Describe... Furniture \$800.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music Yes. Describe... Television, Tablets \$300.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections, other collections, memorabilia, collectibles Yes. Describe... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No Yes. Describe... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment Yes. Describe... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Yes. Describe... **Used Clothing** \$450.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe... 13. Non-farm animals Examples: Dogs, cats, birds, horses Yes. Describe... 14. Any other personal and household items you did not already list, including any health aids you did not list No Yes. Describe... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$1550.00 for Part 3. Write that number here .....

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Williamson Debtor 1 Terrance Case number (if known) Middle Name First Name Last Name Part 4: **Describe Your Financial Assets** Current value of the Do you own or have any legal or equitable interest in any of the following? portion you own? Do not deduct secured claims or exemptions. 16. **Cash** Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition **✓** No Yes ..... Cash: ..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. Institution name: TCF Bank \$400.00 17.1. Checking account: \$50.00 17.2. Checking account: TCF Bank 17.3. Checking account: TCF \$30.00 17.4. Savings account: \$400.00 TCF Bank 17.5. Savings account: TCF Bank \$0.00 17.6. Certificates of deposit: 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 17.10. Other financial account: Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts **✓** No Institution or issuer name: Yes 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture **✓** No Name of entity % of ownership: Yes. Give specific information about them

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| Deb. | tor 1   Terrance         | E<br>Middle Neme  | Williamson                    | Case number (if known)                      |       |
|------|--------------------------|---|-------------------------------|---|-------|
|      | First Name               | Middle Name   | Last Name                     |   |       |
| 20.  |                          | orate bonds and other negotial include personal checks, cashiers      |                               |   |       |
|      |                          | ents are those you cannot transfe                                     |                               |   |       |
|      | <b>✓</b> No              |   |                               |   |       |
|      | Yes. Give specific       |   |                               |   |       |
|      | information about        | Issuer name:  |                               |   |       |
|      | them                     |   |                               |   |       |
|      |                          |   |                               |   |       |
|      |                          |   |                               |   |       |
| 21.  | Retirement or pension    |   | 11-20                         | Challes and the second                      |       |
|      |                          | RA, ERISA, Keogn, 401(k), 403(b)                                      | , thrift savings accounts     | s, or other pension or profit-sharing plans |       |
|      | ✓ No  Yes. List each     | Type of account:  | Institution name:             |   |       |
|      | account                  | 401(k) or similar plan:   |                               |   |       |
|      | separately.              | Pension plan:   |                               |   | •     |
|      |                          | IRA:  |                               |   |       |
|      |                          | Retirement account:   |                               |   |       |
|      |                          | Keogh:  |                               |   |       |
|      |                          | Additional account:   |                               |   |       |
|      |                          | Additional account:   |                               |   |       |
| 22.  | Security deposits and    | prepayments   |                               |   |       |
|      | Your share of all unused | I deposits you have made so that with landlords, prepaid rent, public |                               |   |       |
|      | companies, or others     | with fartaloras, propala fort, pasis                                  | o atilitioo (olootilo, gao, w | atoly, tologonimamoations                   |       |
|      | <b>✓</b> No              |   | Institution name:             |   |       |
|      | Yes                      | Electric:   |                               |   |       |
|      |                          | Gas:  |                               |   |       |
|      |                          | Heating oil:  |                               |   | . ——— |
|      |                          | Security deposit on rental unit:                                      |                               |   |       |
|      |                          | Prepaid rent:   |                               |   |       |
|      |                          | Telephone:  |                               |   | _     |
|      |                          | Water:  |                               |   |       |
|      |                          | Rented furniture:   |                               |   |       |
|      |                          | Other:  |                               |   |       |
| 23.  | Annuities (A contract fo | or a periodic payment of money to                                     | you, either for life or for   | a number of years)                          |       |
|      | <b>✓</b> No              |   |                               |   |       |
|      | Yes                      | Issuer name and description:  |                               |   |       |
|      |                          | -   |                               |   |       |
|      |                          |   |                               |   |       |
|      |                          | -   |                               |   |       |

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|     | tor 1 Terrance First Name  | E<br>Middle Name  | Williamson   | Case number (if known)   |  |
|-----|--|---|--|--|--|
| 0.4 |  |   | Last Name  | and an alified atota to ities were seen  |  |
| 24. |  | , 529A(b), and 529(b)(1).   | quaimed ABLE program, or unde  | er a qualified state tuition program.  |  |
|     | No Institution Yes   | on name and description. Sepa   | arately file the records of any interes                                  | ts.11 U.S.C. § 521(c):   |  |
|     |  |   |  |  |  |
| 25. | Trusts, equitable or fo  | uture interests in property (o  | other than anything listed in line                                       | 1), and rights or powers   |  |
|     | exercisable for your b   |   | ,  | ,, <b>.</b>  |  |
|     | Yes. Describe  |   |  |  |  |
| 26. |  |   | and other intellectual property<br>is from royalties and licensing agree | ements   |  |
|     | ✓ No  Yes. Describe  |   |  |  |  |
|     | <u> </u>   |   |  |  |  |
| 27. |  | and other general intangible mits, exclusive licenses, coope                                | es<br>erative association holdings, liquor li                            | icenses, professional licenses   |  |
|     | ✓ No  Yes. Describe  |   |  |  |  |
|     | <u> </u>   |   |  |  |  |
| Mor | ney or property owe  | d to you?   |  |  | Current value of the portion you own? Do not deduct secured              |
|     |  |   |  |  | claims or exemptions.  |
| 28. | Tax refunds owed to y  | ou  |  |  | claims or exemptions.  |
| 28. | Tax refunds owed to y  | ou  |  |  | claims or exemptions.  |
| 28. | ✓ No  Yes. Give specific ir  | ıformation  |  | Federal:   | \$0.00   |
| 28. | ✓ No  Yes. Give specific ir  | oformation<br>ncluding whether<br>ed the returns  |  | Federal:<br>State:   |  |
|     | No Yes. Give specific ir about them, ir you already fil  | oformation<br>ncluding whether<br>ed the returns  |  |  | \$0.00   |
|     | Yes. Give specific ir about them, ir you already fil and the tax yes   | oformation ncluding whether ed the returns ars  | oport, child support, maintenance,                                       | State:   | \$0.00<br>\$0.00<br>\$0.00   |
|     | No Yes. Give specific ir about them, ir you already fil and the tax yes  | oformation ncluding whether ed the returns vars   | oport, child support, maintenance,                                       | State: Local:  | \$0.00<br>\$0.00<br>\$0.00   |
|     | No Yes. Give specific ir about them, ir you already fil and the tax yes  Family support Examples: Past due or le   | oformation ncluding whether ed the returns vars   | oport, child support, maintenance,                                       | State:  Local:  divorce settlement, property settlemen   | \$0.00<br>\$0.00<br>\$0.00   |
|     | No Yes. Give specific ir about them, ir you already fil and the tax yes  Family support Examples: Past due or le   | oformation ncluding whether ed the returns vars   | oport, child support, maintenance,                                       | State:  Local:  divorce settlement, property settlemen  Alimony:   | \$0.00<br>\$0.00<br>\$0.00<br>t  |
|     | No Yes. Give specific ir about them, ir you already fil and the tax yes  Family support Examples: Past due or le   | oformation ncluding whether ed the returns vars   | oport, child support, maintenance,                                       | State: Local:  divorce settlement, property settlemen  Alimony: Maintenance: Support: Divorce settlement:                      | \$0.00<br>\$0.00<br>\$0.00<br>tt<br>\$0.00<br>\$0.00<br>\$0.00<br>\$0.00 |
| 29. | No Yes. Give specific ir about them, ir you already fil and the tax yes  Family support  Examples: Past due or let  No Yes. Give specific ir   | oformation including whether ed the returns ears  | pport, child support, maintenance,                                       | State:  Local:  divorce settlement, property settlemen  Alimony:  Maintenance:  Support:                                       | \$0.00<br>\$0.00<br>\$0.00<br>t<br>\$0.00<br>\$0.00<br>\$0.00            |
| 29. | No Yes. Give specific ir about them, ir you already fil and the tax yes  Family support Examples: Past due or let Yes. Give specific ir  Other amounts some of Examples: Unpaid wage | oformation including whether ed the returns ears  ump sum alimony, spousal sup information  | ts, disability benefits, sick pay, vaca                                  | State: Local:  divorce settlement, property settlemen  Alimony: Maintenance: Support: Divorce settlement: Property settlement: | \$0.00<br>\$0.00<br>\$0.00<br>tt<br>\$0.00<br>\$0.00<br>\$0.00<br>\$0.00 |
| 29. | No Yes. Give specific ir about them, ir you already fil and the tax yes  Family support Examples: Past due or let Yes. Give specific ir  Other amounts some of Examples: Unpaid wage | information including whether ed the returns ivars  ump sum alimony, spousal superformation | ts, disability benefits, sick pay, vaca                                  | State: Local:  divorce settlement, property settlemen  Alimony: Maintenance: Support: Divorce settlement: Property settlement: | \$0.00<br>\$0.00<br>\$0.00<br>tt<br>\$0.00<br>\$0.00<br>\$0.00<br>\$0.00 |

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| Deb  | tor 1 Terrance                                    | Е                         | Williamson  | Case number (if known)                          |  |
|------|---|---------------------------|---|---|--|
|      | First Name  | Middle Name               | Last Name   |   |  |
| 31.  | Interests in insurance<br>Examples: Health, disab | =                         | Ith savings account (HSA); credit, ho                             | meowner's, or renter's insurance                |  |
|      | Yes. Name the insure of each policy and           |                           | Company name:   | Beneficiary:                                    | Surrender or refund value:   |
| 32.  |   |                           | someone who has died proceeds from a life insurance policy,       | or are currently entitled to receive            |  |
|      | No Yes. Describe                                  |                           |   |   |  |
| 33.  | Examples: Accidents, er                           | •                         | you have filed a lawsuit or made a rance claims, or rights to sue | demand for payment                              |  |
|      | No ✓ Yes. Describe                                | Potential Workers Compe   | nsation Claim   |   |  |
| 34.  | \$5000.00 Other contingent and to set off claims  | unliquidated claims of    | every nature, including countercl                                 | aims of the debtor and rights                   |  |
|      | ✓ No  Yes. Describe                               |                           |   |   |  |
| 35.  | Any financial assets y                            | ou did not already list   |   |   |  |
|      | Yes. Describe                                     |                           |   |   |  |
| 36.  |   | -                         | n Part 4, including any entries for                               |   | \$5880.00  |
| Part | 5: Describe Any R                                 | usiness-Related Pro       | nerty You Own or Have an Int                                      | terest In. List any real estate in Part         | 1  |
|      | -   |                           |   |   |  |
| 37.  | טע you own or nave a                              | ny regal or equitable int | erest in any business-related pro                                 |   | umant value of the   |
|      | No. Go to Part 6. Yes. Go to line 38.             |                           |   | po<br>Do  | urrent value of the ortion you own? o not deduct secured claims exemptions |
| 38.  | Accounts receivable                               | or commissions you alre   | eady earned   | <u>.</u>  | oxemptione .   |
|      | Yes. Describe                                     |                           |   |   |  |
| 39.  | Office equipment, furn<br>Examples: Business-rela |                           | , modems, printers, copiers, fax mad                              | hines, rugs, telephones, desks, chairs, electro | onic devices   |
|      | No Yes. Describe                                  |                           |   |   |  |
|      | -   |                           |   |   |  |

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| Deb   | tor 1 Terrance          | E  | Williamson                      | Case number (if known)          | _                                     |
|-------|-------------------------|--|---------------------------------|---------------------------------|---------------------------------------|
| 40.   | First Name              | Middle Name<br>equipment, supplies you use i | Last Name                       | ur trado                        |                                       |
| 40.   | —                       | equipment, supplies you use i                | ii busiiless, aliu tools ol yot | ii trade                        |                                       |
|       | ✓ No  Yes. Describe     |  |                                 |                                 |                                       |
|       | Tes. Describe           |  |                                 |                                 |                                       |
|       |                         |  |                                 |                                 |                                       |
| 41.   | Inventory               |  |                                 |                                 |                                       |
|       | <b>✓</b> No             |  |                                 |                                 |                                       |
|       | Yes. Describe           |  |                                 |                                 |                                       |
|       |                         |  |                                 |                                 |                                       |
| 42.   | Interests in partnersh  | ips or joint ventures                        |                                 |                                 |                                       |
|       | ✓ No                    |  |                                 |                                 |                                       |
|       | Yes. Give specific      | Nam  | e of entity:                    | % of ownership:                 |                                       |
|       | information about       |  |                                 |                                 |                                       |
|       | them                    |  |                                 |                                 |                                       |
|       |                         |  |                                 |                                 | <del>-</del>                          |
| 12 (  | Customor lists, mailing | lists, or other compilations                 |                                 |                                 | <u> </u>                              |
| 45.   | - N                     | insts, or other compliations                 |                                 |                                 |                                       |
|       | No No No your lists i   | nclude personally identifiable in            | formation (as defined in 11 II  | S C & 101(/11A))2               |                                       |
|       | Tes. Do your lists i    | ricidde personally identifiable in           | omiation (as defined in 11 o.   | 3.0. § 101(41 <i>A</i> )):      |                                       |
|       | No                      |  |                                 |                                 |                                       |
|       | Yes. Desc               | ribe   |                                 |                                 | -                                     |
| 44.   | Any business-related    | property you did not already                 | list                            |                                 |                                       |
|       | ✓ No                    |  |                                 |                                 |                                       |
|       | Yes. Give specific      |  |                                 |                                 |                                       |
|       | information             |  |                                 |                                 |                                       |
|       |                         |  |                                 |                                 |                                       |
|       |                         |  |                                 |                                 |                                       |
|       |                         |  |                                 |                                 |                                       |
|       |                         |  |                                 |                                 |                                       |
|       |                         |  |                                 |                                 |                                       |
|       |                         |  |                                 |                                 |                                       |
|       |                         | all of your entries from Part 5              |                                 | pages you have attached         |                                       |
| TOT P | art 5. Write that numbe | er here                                      |                                 |                                 |                                       |
| Part  |                         |  |                                 | You Own or Have an Interest In. |                                       |
|       |                         | n interest in farmland, list it in Part      |                                 |                                 |                                       |
| 46.   | Do you own or have a    | iny legal or equitable interes               | t in any farm- or commercia     | al fishing-related property?    |                                       |
|       | No. Go to Part 7.       |  |                                 |                                 | Current value of the portion you own? |
|       | Yes. Go to line 47.     |  |                                 |                                 | Do not deduct secured claims          |
| 17    | Farm animals            |  |                                 |                                 | or exemptions                         |
| 47.   | Examples: Livestock, p  | oultry, farm-raised fish                     |                                 |                                 |                                       |
|       | <b>✓</b> No             |  |                                 |                                 |                                       |
|       | Yes. Describe           |  |                                 |                                 |                                       |
|       |                         |  |                                 |                                 |                                       |
|       |                         |  |                                 |                                 |                                       |

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| Debto          | or 1 Terrance<br>First Name    | E<br>Middle Name                      | Williamson<br>Last Name | Case number (if known)       |              |
|----------------|--------------------------------|---------------------------------------|-------------------------|------------------------------|--------------|
| 48.            | Crops-either growing           | or harvested                          |                         |                              |              |
|                | <b>✓</b> No                    |                                       |                         |                              |              |
|                | Yes. Describe                  |                                       |                         |                              |              |
|                |                                |                                       |                         |                              |              |
| 49.            | Farm and fishing equi          | pment, implements, machinery, fix     | tures, and tools of tra | ade                          |              |
|                | No No Describe                 |                                       |                         |                              |              |
|                | Yes. Describe                  |                                       |                         |                              |              |
| 50             | Farm and fishing sunn          | <br>lies, chemicals, and feed         |                         |                              |              |
| 00.            | No                             | noo, onomioaio, ana iooa              |                         |                              |              |
|                | Yes. Describe                  |                                       |                         |                              |              |
|                |                                |                                       |                         |                              |              |
| 51.            | Any farm- and comme            | rcial fishing-related property you d  | lid not already list    |                              |              |
|                | <b>✓</b> No                    |                                       |                         |                              |              |
|                | Yes. Describe                  |                                       |                         |                              |              |
|                |                                |                                       |                         |                              |              |
|                |                                | II of your entries from Part 6, inclu |                         |                              |              |
| or Pai         | rt 6. Write that numbe         | r here                                |                         |                              |              |
|                |                                |                                       |                         |                              |              |
| Part 7         | Describe All Pro               | perty You Own or Have an Inte         | arest in That You I     | Did Not List Above           |              |
|                |                                | perty of any kind you did not alread  |                         | JIG HOL LIGHTAGOTO           |              |
|                |                                | s, country club membership            |                         |                              |              |
|                | No Rivo specific               |                                       |                         |                              |              |
|                | Yes. Give specific information |                                       |                         |                              |              |
|                |                                |                                       |                         |                              | <u> </u>     |
|                |                                |                                       |                         |                              |              |
| 54. Ad         | ld the dollar value of a       | II of your entries from Part 7. Write | that number here        |                              |              |
|                |                                |                                       |                         |                              |              |
|                |                                |                                       |                         |                              |              |
|                |                                |                                       |                         |                              |              |
| Part 8         | List the Totals of             | f Each Part of this Form              |                         |                              |              |
| 55. <b>P</b>   | art 1: Total real estate       | e, line 2                             |                         | <b>&gt;</b>                  |              |
| F.G            | art 2 total vehicles, lin      | . F                                   |                         |                              |              |
|                | •                              |                                       | \$7525.00               |                              |              |
|                |                                | nd household items, line 15           | \$1550.00               |                              |              |
|                | art 4: Total financial as      |                                       | \$5880.00               |                              |              |
|                |                                | elated property, line 45              |                         |                              |              |
|                |                                | fishing-related property, line 52     |                         |                              |              |
|                |                                | erty not listed, line 54              |                         |                              |              |
| 02. 1          | otai personai property         | . Add lines 56 through 61             | \$14955.00              | Copy personal property total | + \$14955.00 |
|                |                                |                                       |                         |                              | \$14955.00   |
| 63. <b>T</b> c | otal of all property on S      | Schedule A/B. Add line 55 + line 62   |                         |                              | <u> </u>     |

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| Fill in this information to identify your case: |             |             |                              |  |  |
|---|-------------|-------------|------------------------------|--|--|
| Debtor 1  | Terrance    | E           | Williamson                   |  |  |
|   | First Name  | Middle Name | Last Name                    |  |  |
| Debtor 2  | Anntoinette |             | Williamson                   |  |  |
| (Spouse, if filing)                             | First Name  | Middle Name | Last Name                    |  |  |
| United States Bankruptcy Court for the:         |             | Northern    | District of Illinois (State) |  |  |
| Case number<br>(If known)                       |             |             | (State)                      |  |  |

#### Official Form 106C

#### Check if this is an amended filing

#### Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Pa | Identify the Property You Clair   | m as Exempt   |   |   |  |  |  |
|----|---|---|---|---|--|--|--|
| 1. | Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. |   |   |   |  |  |  |
|    | You are claiming state and federal  | nonbankruptcy exemp   | otions. 11 U.S.C. § 522(b)(3)   |   |  |  |  |
|    | You are claiming federal exemption  | ns. 11 U.S.C. § 522(b)(   | 2)  |   |  |  |  |
| 2. | For any property you list on Schedule A   | /B that you claim as e  | exempt, fill in the information below.  |   |  |  |  |
|    | Brief description of the property and line on Schedule A/B that lists this property               | Current value of<br>the portion you<br>own<br>Copy the value from<br>Schedule A/B | Amount of the exemption you claim  Check only one box for each exemption.                           | Specific laws that allow exemption              |  |  |  |
|    | Brief description: Chevrolet Impala, 2005 Line from Schedule A/B: 03                              | \$5,450.00  | \$0  100% of fair market value, up to any applicable statutory limit                                | 735 ILCS 5/12-1001(c); 735 ILCS<br>5/12-1001(b) |  |  |  |
|    | Brief description: Checking account, TCF Bank Line from Schedule A/B: 17                          | \$400.00  | \$400.00  100% of fair market value, up to any applicable statutory limit                           | 735 ILCS 5/12-1001(b)                           |  |  |  |
| 3. | ✓ No  | ery 3 years after that for  | 375? cases filed on or after the date of adjustment.) rithin 1,215 days before you filed this case? |   |  |  |  |

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Debtor 1 Terrance E Williamson Case number (if known)
First Name Middle Name Last Name

| Brief description of the property and line on Schedule A/B that lists this property | Current value of<br>the portion you<br>own | Amount of the exemption you claim  Check only one box for each exemption. | Specific laws that allow exemption           |
|---|--|---|--|
|   | Copy the value from<br>Schedule A/B        |   |  |
| Brief<br>description:   | \$400.00                                   | <b>F</b> 400.00   | 735 ILCS 5/12-1001(b)                        |
| Savings account, TCF<br>Bank  |  | \$400.00 \$100% of fair market value, up to any                           | _  |
| Line from Schedule A/B: 17  |  | applicable statutory limit  |  |
| Brief<br>description:   | \$50.00                                    |   | 735 ILCS 5/12-1001(b)                        |
| Checking account, TCF   |  | \$50.00 ld 100% of fair market value, up to any                           | _  |
| Bank Line from Schedule A/B: 17   |  | applicable statutory limit  |  |
| Brief description:  | \$0.00                                     | <b>7</b>  | 735 ILCS 5/12-1001(b)                        |
| Savings account, TCF<br>Bank  |  | \$0 \$1 100% of fair market value, up to any                              | _  |
| Line from Schedule A/B: 17  |  | applicable statutory limit  |  |
| Brief<br>description:   | \$30.00                                    |   | 735 ILCS 5/12-1001(b)                        |
| Checking account, TCF   | Ψ30.00                                     | \$30.00   | _  |
| Line from  Schedule A/B: 17   |  | 100% of fair market value, up to any applicable statutory limit           |  |
| Brief<br>description:   | \$450.00                                   |   | 735 ILCS 5/12-1001(a)                        |
| Used Clothing   |  | \$450.00  | _  |
| Line from  Schedule A/B: 11   |  | 100% of fair market value, up to any applicable statutory limit           |  |
| Brief<br>description:   | \$800.00                                   |   | 735 ILCS 5/12-1001(b)                        |
| Furniture   |  | \$800.00  | _  |
| Line from  Schedule A/B: 06   |  | 100% of fair market value, up to any applicable statutory limit           |  |
| Brief<br>description:   | \$300.00                                   | <b>7</b>  | 735 ILCS 5/12-1001(b)                        |
| Television, Tablets   |  | \$300.00 pg 100% of fair market value, up to any                          | _  |
| Line from<br>Schedule A/B:07  |  | applicable statutory limit  |  |
| Brief<br>description:   | \$2,075.00                                 | \$2,075,00; \$0,00  | 735 ILCS 5/12-1001(c); 735 ILCS 5/12-1001(b) |
| Jeep Grand Cherokee,<br>2002  |  | 100% of fair market value, up to any                                      | <del>-</del>                                 |
| Line from<br><i>Schedule A/B:</i> 03  |  | applicable statutory limit  |  |
| Brief<br>description:   | \$5,000.00                                 |   | 820 ILCS 305/21                              |
| Potential Workers   |  | \$5,000.00  | _  |
| Compensation Claim Line from  |  | 100% of fair market value, up to any applicable statutory limit           |  |
| Schedule A/B: 33  |  | · •   |  |

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|                                |  | Document Page 22 of   | 77  |   |                                    |
|--------------------------------|--|---|---|---|------------------------------------|
| Fill in this ir                | nformation to identify your ca   | se:   |   |   |                                    |
| Debtor 1                       | Terrance<br>First Name   | E Williamson  Middle Name Last Name   |   |   |                                    |
| Debtor 2<br>(Spouse, if filing | Anntoinette First Name   | Williamson  Middle Name Last Name   |   |   |                                    |
| United State                   | es Bankruptcy Court for the:   | Northern District of Illinois (State)   |   |   |                                    |
| Case numb<br>(If known)        | er   |   |   |   |                                    |
| Officia                        | al Form 106D   |   | _   |   | Check if this is an amended filing |
| Sched                          | dule D: Credito  | ors Who Have Claims Secur   | ed by Prop  | erty  | 12/15                              |
| Be as comp<br>more space       | lete and accurate as possib  | le. If two married people are filing together, both are equal nal Page, fill it out, number the entries, and attach it to   | ally responsible for s  | upplying correct info                                 |                                    |
| 1. Do an                       | ny creditors have claims se  | ecured by your property?  |   |   |                                    |
| □ N                            | o. Check this box and subm   | it this form to the court with your other schedules. You hav  | e nothing else to rep   | ort on this form.                                     |                                    |
| <b>✓</b> Y                     | es. Fill in all of the information   | below.  |   |   |                                    |
| Part 1: L                      | ist All Secured Claims   |   |   |   |                                    |
| 2. <b>List</b> sepa            | all secured claims. If a credit rately for each claim. If more that 2. As much as possible, list | or has more than one secured claim, list the creditor an one creditor has a particular claim, list the other creditors the claims in alphabetical order according to the creditor's | Column A  Amount of claim  Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any  |
|                                | O ACCEPT   | Describe the property that secures the claim:   | \$6,384.00  | \$5,450.00  | \$934.00                           |
|                                | tor's Name<br>1 N Western Ave  | Chevrolet Impala   Value: \$0.00  |   |   |                                    |
|                                | umber Street   | As of the date you file, the claim is: Check all that apply.  |   |   |                                    |
|                                |  | Contingent  |   |   |                                    |
| Chic                           |  | Unliquidated  |   |   |                                    |
| City<br>Who                    | State ZIP Code owes the debt? Check one.   | Disputed  |   |   |                                    |
|                                | Debtor 1 only  | Nature of lien. Check all that apply.   |   |   |                                    |
|                                | Debtor 2 only<br>Debtor 1 and Debtor 2 only  | An agreement you made (such as mortgage or secured car loan)  |   |   |                                    |
|                                | At least one of the debtors  | Statutory lien (such as tax lien, mechanic's lien)  |   |   |                                    |
|                                | and another  | Judgment lien from a lawsuit  |   |   |                                    |
|                                | Check if this claim relates<br>to a community debt   | Other (including a right to offset)   |   |   |                                    |
| Date                           | e debt was 1/1/2016  | Last 4 digits of account number0194   |   |   |                                    |

incurred

here:

Last 4 digits of account number \_\_

Add the dollar value of your entries in Column A on this page. Write that number

\$6,384.00

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|  |   | D  | ocument Page 2   | 3 of 77   |                           |                                  |                              |
|--|---|--|--|---|---------------------------|----------------------------------|------------------------------|
| Fill in this inform  | nation to identify your   | case:  |  |   |                           |                                  |                              |
| Debtor 1   | Terrance<br>First Name  | E<br>Middle Name   | Williamson<br>Last Name  |   |                           |                                  |                              |
| Debtor 2<br>(Spouse, if filing)                                    | Anntoinette<br>First Name   | Middle Name  | Williamson<br>Last Name  |   |                           |                                  |                              |
| United States B  | ankruptcy Court for the   | Northern   | District of Illinois   |   |                           |                                  |                              |
| Case number<br>(If known)  |   |  | (State)  | _   |                           |                                  |                              |
| Official Fo  | orm 106E/F  |  |  |   | Chec                      | ck if this is an                 | amended filing               |
| Schedu   | le E/F: Cr  | editors Who  | Have Unsec   | ured Claims   |                           |                                  | 12/15                        |
| Form 106A/B) a<br>claims that are<br>the entries in the<br>known). | and on Schedule G: Ex<br>listed in Schedule D:<br>he boxes on the left. A                                   | ecutory Contracts and L<br>Creditors Who Hold Clai                                       | nat could result in a claim. Al<br>Inexpired Leases (Official For<br>ms Secured by Property. If m<br>Page to this page. On the top   | m 106G). Do not include a ore space is needed, copy                                 | any creditors the Part yo | s with partia<br>u need, fill it | lly secured<br>t out, number |
| No. C Yes.  2. List all of listed, ider As much a Continuati       | your priority unsecurnity what type of claim is possible, list the claim on Page of Part 1. If mo           | t is. If a claim has both prints<br>in alphabetical order accore than one creditor holds | s more than one priority unsecuprity and nonpriority amounts, lightly ording to the creditor's name. It a particular claim, list the other is for this form in the instruction | ist that claim here and show<br>f you have more than two po<br>creditors in Part 3. | both priority             | and nonprior                     | rity amounts.                |
|  |   |  |  |   | Total claim               | Priority amount                  | Nonpriority<br>amount        |
|  | ankruptcy Section<br>reditor's Name<br>64338<br>Street  |  | Last 4 digits of account nur<br>When was the debt incurred<br>As of the date you file, the<br>apply.   | d?  | \$12.00                   | \$12.00                          | \$0.00                       |
| Deb Deb Deb  | Illinois State urred the debt? Check tor 1 only tor 2 only tor 1 and Debtor 2 only ast one of the debtors a |  | Contingent Unliquidated Disputed Type of PRIORITY unsecure Domestic support obligat Taxes and certain other d government   | tions   |                           |                                  |                              |

intoxicated

Other. Specify

Check if this claim relates to a community debt

Is the claim subject to offset?

✓ No Yes Claims for death or personal injury while you were

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Williamson Debtor 1 Terrance Case number (if known) Middle Name First Name Last Name Part 2: List All of Your NONPRIORITY Unsecured Claims Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. **✓** Yes. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than four priority unsecured claims fill out the Continuation Page of Part 2. **Total claim** 4.1 Advocate Health Care \$906.16 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? PO Box 48458 Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Michigan 48237 Oak Park City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Medical Other. Specify \_\_ Is the claim subject to offset? Yes 4.2 \$3,562.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 2/1/2014 501 Greene Street # 302 Number Street As of the date you file, the claim is: Check all that apply. Contingent Georgia 30901 Augusta Unliquidated City Zip Code State Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Collection; Collecting for Is the claim subject to offset? **✓ ORIGINAL CREDITOR: 10 ✓** No COMMONWEALTH EDISON Other. Specify COMPANY City of Chicago - Parking and red Light Tickets \$8,151.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 121 N. LaSalle Street Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60602 Chicago Illinois City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify \_ Parking Tickets Is the claim subject to offset? **✓** No Yes

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Debtor 1 Terrance E Williamson Case number (if known)
First Name Middle Name Last Name

| Part 2 | Your NONPRIORITY Unsecured Claims - Co   | ontinuation Page   |             |  |
|--------|--|--|-------------|--|
|        | After listing any entries on this page, number them b  | eginning with 4.5, followed by 4.6, and so forth.  | Total claim |  |
| 4.4    | ENHANCED RECOVERY CO L Nonpriority Creditor's Name 8014 BAYBERRY RD Number Street  | Last 4 digits of account number 6817 When was the debt incurred? 7/1/2016  As of the date you file, the claim is: Check all that apply.  | \$281.00    |  |
|        | JACKSONVILLE Florida 32256 City State Zip Coc Who incurred the debt? Check one.  ✓ Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt Is the claim subject to offset?  ✓ No  Yes   | Contingent  Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  001 Collection; Collecting for ORIGINAL CREDITOR: DISH   |             |  |
| 4.5    | FIRST PREMIER BANK Nonpriority Creditor's Name Jefferson Capital Systems, LLC PO Box 7999 Number Street c/o Kelly Lukason  Saint Cloud Minnesota 56302 City State Zip Coc Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim relates to a community debt Is the claim subject to offset?  No Yes | Last 4 digits of account number  When was the debt incurred? 12/1/2016  As of the date you file, the claim is: Check all that apply.  Contingent  Unliquidated  Disputed  Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  ✓ Other. Specify CreditCard | \$820.00    |  |
| 4.6    | FIRST PREMIER BANK Nonpriority Creditor's Name Jefferson Capital Systems, LLC PO Box 7999 Number Street c/o Kelly Lukason  Saint Cloud Minnesota 56302 City State Zip Cod Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim relates to a community debt Is the claim subject to offset?  Yes    | Last 4 digits of account number  When was the debt incurred? 8/1/2015  As of the date you file, the claim is: Check all that apply.  Contingent  Unliquidated  Disputed  Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify CreditCard    | \$305.00    |  |

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Debtor 1 Terrance E Williamson Case number (if known)
First Name Middle Name Last Name

| Part 2 | Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page                    |   |             |  |  |
|--------|--|---|-------------|--|--|
|        | After listing any entries on this page, number them beginning wi                 | th 4.5, followed by 4.6, and so forth.  | Total claim |  |  |
| 4.7    | GUARANTY SAVINGS BK  | - Last 4 digits of account number 0001  | \$831.00    |  |  |
|        | Nonpriority Creditor's Name 7901 W BROWN DEER RD Number Street                   | When was the debt incurred? 1/1/2016  |             |  |  |
|        | Number Street  | As of the date you file, the claim is: Check all that apply.  Contingent  |             |  |  |
|        | MILWAUKEE Wisconsin 53223  | - Unliquidated  |             |  |  |
|        | City State Zip Code  Who incurred the debt? Check one.                           | Disputed  |             |  |  |
|        | Debtor 1 only  | Type of NONPRIORITY unsecured claim:  |             |  |  |
|        | Debtor 2 only  | Student loans   |             |  |  |
|        | Debtor 1 and Debtor 2 only   | Obligations arising out of a separation agreement or  |             |  |  |
|        | At least one of the debtors and another  | divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar |             |  |  |
|        | Check if this claim relates to a community debt                                  | debts   |             |  |  |
|        | Is the claim subject to offset?  | Other. Specify060 InstallmentLoan   |             |  |  |
|        | Yes  |   |             |  |  |
| 4.8    | IDES Springfield Nonpriority Creditor's Name                                     | - Last 4 digits of account number   | \$800.00    |  |  |
|        | PO Box 19286 Number Street   | When was the debt incurred?n/a  |             |  |  |
|        | Benefit Repayments   | As of the date you file, the claim is: Check all that apply.  |             |  |  |
|        | 2010th Hopaymonto  | Contingent  |             |  |  |
|        | Springfield Illinois 62794   | Unliquidated  |             |  |  |
|        | City State Zip Code  Who incurred the debt? Check one.                           | Disputed  |             |  |  |
|        | Debtor 1 only  | Type of NONPRIORITY unsecured claim:  |             |  |  |
|        | Debtor 2 only  | Student loans   |             |  |  |
|        | Debtor 1 and Debtor 2 only   | Obligations arising out of a separation agreement or divorce that you did not report as priority claims         |             |  |  |
|        | At least one of the debtors and another  | Debts to pension or profit-sharing plans, and other similar debts   |             |  |  |
|        | Check if this claim relates to a community debt                                  | Other. Specify Overpayment of Benefits  |             |  |  |
|        | Is the claim subject to offset?  | _   |             |  |  |
|        | ✓ No  Yes  |   |             |  |  |
| 40     | IL Secretary of State  |   | \$0.00      |  |  |
| 4.9    | Nonpriority Creditor's Name  | - Last 4 digits of account number   | φυ.υυ       |  |  |
|        | 2701 S. Dirksen Parkway Number Street  | When was the debt incurred?n/a  |             |  |  |
|        |  | As of the date you file, the claim is: Check all that apply.  |             |  |  |
|        |  | Contingent  |             |  |  |
|        | Springfield Illinois 62723   | Unliquidated  |             |  |  |
|        | City State Zip Code  Who incurred the debt? Check one.  Debtor 1 only            | Disputed  Type of NONPRIORITY unsecured claim:  |             |  |  |
|        | <b>≝</b>   | Student loans   |             |  |  |
|        | Debtor 2 only  | Obligations arising out of a separation agreement or  |             |  |  |
|        | Debtor 1 and Debtor 2 only  At least one of the debtors and another              | divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar |             |  |  |
|        | 片  | debts   |             |  |  |
|        | Check if this claim relates to a community debt  Is the claim subject to offset? | ✓ Other. Specify <u>License Suspension</u>  |             |  |  |
|        | No   |   |             |  |  |
|        | Yes  |   |             |  |  |

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Williamson Debtor 1 Terrance E Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.10 Lake County Acute Care LLP \$308.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 41309 When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 37204 Nashville Tennessee City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar At least one of the debtors and another Check if this claim relates to a community debt Other. Specify \_\_\_ Medical Is the claim subject to offset? **✓** No Yes Lake County Circuit Clerk's Office 4.11 \$528.00 Last 4 digits of account number \_ Nonpriority Creditor's Name 301 Greenleaf St When was the debt incurred? n/a Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Waukegan Illinois 60085 State Zip Code Disputed City Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Court Fees Other. Specify \_\_\_ Is the claim subject to offset? **✓** No Yes MERCHANTS CR 4.12 \$130.00 Last 4 digits of account number Nonpriority Creditor's Name 3/1/2013 When was the debt incurred? 223 W JACKSON ST SUITE 900 Number Street As of the date you file, the claim is: Check all that apply. Contingent CHICAGO Illinois 60606 Unliquidated Zip Code State Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Collection; Collecting for Is the claim subject to offset? Other. Specify ORIGINAL CREDITOR: MEDICAL **✓** No

Yes

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Williamson Debtor 1 Terrance E Case number (if known) Middle Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.13 Peoples Gas \$2,000.00 Last 4 digits of account number Nonpriority Creditor's Name 200 E. Randolph When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60601 Chicago Illinois City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar At least one of the debtors and another Check if this claim relates to a community debt Other. Specify \_\_\_ Utility Is the claim subject to offset? **✓** No Yes 4.14 RECOVERY ONE LLC \$381.00 3197 Last 4 digits of account number \_\_\_ Nonpriority Creditor's Name When was the debt incurred? 4/1/2014 3240 HENDERSON RD Number Street As of the date you file, the claim is: Check all that apply. Contingent COLUMBUS 43220 Ohio Unliquidated City State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts 001 Collection; Collecting for Is the claim subject to offset? **✓** ORIGINAL CREDITOR: IGS **✓** No **ENERGY** Other. Specify Yes Rush University Medical Center 4.15 \$188.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a 1653 W Congress Pkwy Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60612 Chicago Illinois Zip Code Disputed State Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Medical Other. Specify Is the claim subject to offset? **✓** No

Yes

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Williamson Debtor 1 Terrance E Case number (if known) Middle Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.16 SOUTHWEST CREDIT SYSTE \$2,590.00 Last 4 digits of account number Nonpriority Creditor's Name 5910 W PLANO PKWY STE 10 When was the debt incurred? 12/1/2016 Number As of the date you file, the claim is: Check all that apply. Contingent 75093 **PLANO** Texas Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt 001 Collection; Collecting for Is the claim subject to offset? Other. Specify ORIGINAL CREDITOR: COM ED **✓** No Yes 4.17 Speedy Loan - Waukegan \$1,500.00 Last 4 digits of account number Nonpriority Creditor's Name 2850 Belvidere Rd When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60085 Waukegan Illinois City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_ Loan Is the claim subject to offset? **✓** No Yes SYNCB/WALMAR 4.18 \$122.00 8338 Last 4 digits of account number Nonpriority Creditor's Name PO BOX 965024 When was the debt incurred? 9/1/2016 Number As of the date you file, the claim is: Check all that apply. Contingent EL PASO 79998 Texas Unliquidated City State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts CreditCard Other. Specify \_\_\_ Is the claim subject to offset?

✓ No Yes

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Williamson Debtor 1 Terrance E Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.19 TURNER ACCEP \$3,788.00 Last 4 digits of account number Nonpriority Creditor's Name 4450 N WESTERN When was the debt incurred? 5/1/2014 Number As of the date you file, the claim is: Check all that apply. Contingent **CHICAGO** Illinois 60625 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_ 20 Automobile Is the claim subject to offset? **✓** No Yes 4.20 U S DEPT OF ED/GSL/ATL \$3,648.00 Last 4 digits of account number 9631 Nonpriority Creditor's Name PO BOX 2287 When was the debt incurred? 4/1/2008 Number Street As of the date you file, the claim is: Check all that apply. Contingent ATLANTA 30301 Georgia Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ✓ Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_ Is the claim subject to offset? **✓** No Yes U S DEPT OF ED/GSL/ATL 4.21 \$247.00 Last 4 digits of account number Nonpriority Creditor's Name PO BOX 2287 When was the debt incurred? 4/1/2008 Number As of the date you file, the claim is: Check all that apply. Contingent ATLANTA 30301 Georgia Unliquidated City Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ✓ Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify Is the claim subject to offset? No

Yes

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Debtor 1 Terrance E Williamson Case number (if known)
First Name Middle Name Last Name

| FIISLINA                 | me Middle Name Last Name   |         |                      |       |
|--------------------------|--|---------|----------------------|-------|
| Part 4: Add t            | ne Amounts for Each Type of Unsecured Claim  |         |                      |       |
|                          | nmounts of certain types of unsecured claims. This information i<br>nounts for each type of unsecured claim. | s for s | tatistical reporting | purpo |
|                          |  |         | Total claims         |       |
| Total claims from Part 1 | 6a. Domestic support obligations.  | 6a.     | \$0.00               |       |
|                          | 6b. Taxes and certain other debts you owe the government   |         | \$12.00              |       |
|                          | 6c. Claims for death or personal injury while you were intoxicated   | 6c.     | \$0.00               |       |
|                          | 6d. Other. Add all other priority unsecured claims. Write that   | 6d.     | \$0.00               |       |
|                          | amount here.  6e. Total. Add lines 6a through 6d.  | 6e.     | \$12.00              |       |
|                          | oc. Total. Add lines of through ou.  |         |                      |       |
|                          |  |         | Total claims         |       |
| Total claims from Part 2 | 6f. Student loans  | 6f.     | \$3,895.00           |       |
|                          | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims  | 6g.     | \$0.00               |       |
|                          | 6h. Debts to pension or profit-sharing plans, and other similar debts  | 6h.     | \$0.00               |       |
|                          | Other. Add all other nonpriority unsecured claims. Write that amount here.                                   | 6i.     | \$27,191.16          |       |
|                          | 6i Total Add lines of through 6i   | 6i      | \$31,086.16          |       |

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| Fill in this information to identify your case: |             |             |                              |  |  |  |  |
|---|-------------|-------------|------------------------------|--|--|--|--|
| Debtor 1  | Terrance    | E           | Williamson                   |  |  |  |  |
|   | First Name  | Middle Name | Last Name                    |  |  |  |  |
| Debtor 2  | Anntoinette |             | Williamson                   |  |  |  |  |
| (Spouse, if filing)                             | First Name  | Middle Name | Last Name                    |  |  |  |  |
| United States Bankruptcy Court for the:         |             | Northern    | District of Illinois (State) |  |  |  |  |
| Case number                                     |             |             | (Giaio)                      |  |  |  |  |

#### Official Form 106G

### Check if this is an amended filing

#### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

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| Fill in this information to identify your case: |                           |             |                      |  |  |  |
|---|---------------------------|-------------|----------------------|--|--|--|
| Debtor 1  | Terrance                  | E           | Williamson           |  |  |  |
|   | First Name                | Middle Name | Last Name            |  |  |  |
| Debtor 2  | Anntoinette               |             | Williamson           |  |  |  |
| (Spouse, if filing)                             | First Name                | Middle Name | Last Name            |  |  |  |
| United States B                                 | Sankruptcy Court for the: | Northern    | District of Illinois |  |  |  |
|   |                           |             | (State)              |  |  |  |
| Case number                                     |                           |             |                      |  |  |  |
| (If known)                                      |                           |             |                      |  |  |  |

Check if this is an amended filing

#### Official Form 106H

#### **Schedule H: Your Codebtors**

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

| the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question. |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|
| 1.  | Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)  |  |  |  |  |  |  |  |
|   | <b>▼</b> No  |  |  |  |  |  |  |  |
|   | Yes  |  |  |  |  |  |  |  |
| 2.  | 2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)   |  |  |  |  |  |  |  |
|   | No. Go to line 3.  |  |  |  |  |  |  |  |
|   | Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?  |  |  |  |  |  |  |  |
|   | No No  |  |  |  |  |  |  |  |
|   | Yes. In which community state or territory did you live? Fill in the name and current address of that person.  |  |  |  |  |  |  |  |
|   | Name of your spouse, former spouse, or legal equivalent  |  |  |  |  |  |  |  |
|   | Number Street  |  |  |  |  |  |  |  |
|   | City State Zip Code  |  |  |  |  |  |  |  |
| 3.  | In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2. |  |  |  |  |  |  |  |
|   | Column 1: Your codebtor  Column 2: The creditor to whom you owe the debt   |  |  |  |  |  |  |  |
|   | Check all schedules that apply:  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |

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|   |   | טט   | cument P                                     | aye 34            | 01 77              |   |
|---|---|--|--|-------------------|--------------------|---|
| Fill in this in   | formation to identify                     | your case:   |  |                   |                    |   |
| Debtor 1  | Terrance                                  | Е  | Williamson                                   |                   |                    |   |
| 20010.  | First Name                                | Middle Name  | Last Name                                    |                   | - Che              | eck if this is:   |
| Debtor 2  | Anntoinette                               |  | Williamson                                   |                   |                    |   |
| (Spouse, if filing)   | First Name                                | Middle Name  | Last Name                                    |                   | -   ⊔′             | An amended filing   |
| United States the:  | Bankruptcy Court for                      | Northern   | _ District of Illinois<br>(State)            |                   |                    | A supplement showing post-petition chapter 1:<br>expenses as of the following date: |
| Case number (If known)  |   |  |  |                   | -   <sub>i</sub>   | MM / DD / YYYY  |
| Official  | Form 106I                                 |  |  |                   |                    |   |
|   | le I: Your In                             | come   |  |                   |                    | 12/1:   |
| •   | nown). Answer ever                        |  |  |                   |                    |   |
| Fill in you information   | r employment                              |  | Debtor 1                                     |                   |                    | Debtor 2  |
| If you have more than one job, attach a separate page with information about additional |   | Employment status  | Employed  Not Employed                       |                   |                    | Employed  Not Employed  |
| employers   |   | Occupation   | Batch Mixer  Woodland Foods  3751 Sunset Ave |                   |                    | <del>-</del>  |
| Include pa<br>self-emplo  | art time, seasonal, or<br>eyed work.      | Employer's name  |  |                   |                    |   |
| Occupatio   | n may include student                     | Employer's address   |  |                   |                    |   |
| Occupation may include student<br>or homemaker, if it applies.                          |   |  | Number Street                                |                   |                    | Number Street   |
|   |   |  |  |                   |                    |   |
|   |   |  | Waukegan<br>City                             | Illinois<br>State | 60087<br>Zip Code  | City State Zip Code   |
|   |   | How long employed there?                                   | 2 years 1 mont                               |                   |                    |   |
| Estimate me   | onthly income as of as you are separated. |  | <b>n.</b> If you have noth                   | ing to repo       | rt for any line, v | vrite \$0 in the space. Include your non-filing                                     |
| If you or you   |   |  | combine the infor                            | mation for a      | all employers fo   | or that person on the lines below. If you need                                      |
| с оразо,  | a sopulate of to                          |  |  | For D             | ebtor 1            | For Debtor 2 or non-filing spouse   |
|   |   | ary, and commissions (befo<br>, calculate what the monthly |  |                   | \$2,598.96         | \$0.00  |

+ \$81.23

\$2,680.19

+ \$0.00

\$0.00

3. Estimate and list monthly overtime pay.

4. Calculate gross income. Add line 2 + line 3.

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| Debtor  | Terrance<br>First Name  |   | E Williamson  Middle Name Last Name |                | Case number (if Known)            |              |  |
|---|---|---|-------------------------------------|----------------|-----------------------------------|--------------|--|
|   |   | inidate riame   |                                     | For Debtor 1   | For Debtor 2 or non-filing spouse |              |  |
| Сору  | line 4 here   |   | <b>→</b> 4.                         | \$2,680.19     | \$0.00                            |              |  |
| 5. List a   | all payroll ded   |   |                                     |                |                                   |              |  |
| 5a. 1   | Гах, Medicare,  | , and Social Security deductions  | 5a.                                 | \$341.06       | \$0.00                            |              |  |
| 5b. l   | Mandatory cor   | ntributions for retirement plans  | 5b.                                 | \$0.00         | \$0.00                            |              |  |
| 5c. <b>\</b>  | oluntary cont   | ributions for retirement plans  | 5c.                                 | \$107.21       | \$0.00                            |              |  |
| 5d. l   | Required repa   | yments of retirement fund loans   | 5d.                                 | \$0.00         | \$0.00                            |              |  |
| 5e. <b>I</b>  | nsurance  |   | 5e.                                 | \$92.99        | \$0.00                            |              |  |
| 5f. <b>C</b>  | Oomestic supp   | ort obligations   | 5f.                                 | \$0.00         | \$0.00                            |              |  |
| 5g. l   | Union dues  |   | 5g.                                 | \$0.00         | \$0.00                            |              |  |
| 5h. (   | Other deduction   | ons. Specify:   | _ 5h.                               | + \$395.74 +   | \$0.00                            |              |  |
| 6. <b>Add</b><br>+5h.   | the payroll de  | <b>ductions.</b> Add lines 5a + 5b + 5c + 5d + 5e +5f   | + 5g 6.                             | \$937.00       | \$0.00                            |              |  |
| 7. Calc   | ulate total mo  | onthly take-home pay. Subtract line 6 from line   | 4. 7.                               | \$1,743.19     | \$0.00                            |              |  |
| 8. List a   | all other incon   | ne regularly received:  |                                     |                |                                   |              |  |
| ŀ   | ousiness, profe   | om rental property and from operating a ession, or farm   |                                     |                |                                   |              |  |
| Ç   | gross receipts, o   | ent for each property and business showing ordinary and necessary business expenses, and  |                                     |                |                                   |              |  |
|   | he total monthl   |   | 8a.                                 | \$0.00         | \$0.00                            |              |  |
|   | Interest and di   |   | 8b.                                 | \$0.00         | \$0.00                            |              |  |
| •   | dependent reg   | t payments that you, a non-filing spouse, or a<br>jularly receive   | a                                   |                |                                   |              |  |
|   |   | r, spousal support, child support, maintenance, ent, and property settlement.   | 8c.                                 | \$0.00         | \$0.00                            |              |  |
| 8d. l   | Unemploymen   | t compensation  | 8d.                                 | \$0.00         | \$0.00                            |              |  |
| 8e. <b>\$</b>   | Social Security   | <b>y</b>  | 8e.                                 | \$0.00         | \$0.00                            |              |  |
| li<br>c<br>u<br>h<br>S  | nclude cash assash assistance inder the Supplousing subsidicpecify: | ent assistance that you regularly receive sistance and the value (if known) of any non-that you receive, such as food stamps (benefits emental Nutrition Assistance Program) or es  e Programs Income | 8f.                                 | \$0.0 <u>0</u> | <u>\$402.00</u>                   |              |  |
| 8g. l   | Pension or ret  | irement income  | 8g.                                 | \$0.00         | \$0.00                            |              |  |
| 8h. (   | Other monthly   | income. Specify: See attached   | 8h.                                 | + \$604.02 +   | \$0.00                            |              |  |
| 9. <b>Add</b>   | all other incor   | <b>ne</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g +   | - 8h. 9.                            | \$604.02       | \$402.00                          |              |  |
|   |   | <b>r income.</b> Add line 7 + line 9.<br>ne 10 for Debtor 1 and Debtor 2 or non-filing sp   | 10.<br>oouse                        | \$2,347.21 +   | \$402.00                          | \$2,749.21   |  |
| 11. State all other regular contributions to the expenses that you list in Schedule J.  Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. |   |   |                                     |                |                                   |              |  |
| Spec  | cify:   |   |                                     |                |                                   | 11. + \$0.00 |  |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  12. \$\frac{\$\\$2,749.21}{\}}\$  Combined monthly income  |   |   |                                     |                |                                   |              |  |
| 13. <b>Do</b>   | you expect an<br>No.  | increase or decrease within the year after y  | ou file this fo                     | orm?           |                                   |              |  |
|   | Yes. Explain:   |   |                                     |                |                                   |              |  |
|   |   |   |                                     |                |                                   |              |  |

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| Debtor 1Terrance                       | E                             | Williamso | on       | Case number (if     |
|--|-------------------------------|-----------|----------|---------------------|
| First Name                             | Middle Name                   | Last Nam  | е        | known)              |
| Part 1: Describe Employmer             | nt                            |           |          |                     |
|  | Debtor 1                      |           |          | Debtor 2            |
| Employment status                      | <b>✓</b> Employed             |           |          | Employed            |
|  | Not Employed                  |           |          | Not Employed        |
| Occupation                             | Attendant                     |           |          |                     |
| Employer's name                        | 19th & Roosevelt Coin Laundry |           |          |                     |
| Employer's address 1904 W Roosevelt Rd |                               |           |          |                     |
|  | Number Street                 |           |          | Number Street       |
|  |                               |           |          |                     |
|  | Maywood                       | Illinois  | 60155    |                     |
|  | City                          | State     | Zip Code | City State Zip Code |
| How long employed there?               | 3 years 6 months              |           |          |                     |

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Debtor 1 Terrance E Williamson Case number (if First Name Middle Name Last Name known)

Part 2: Give Details About Monthly Income

### Official Form 106I. Additional page.

|  | For Debtor 1 | For Debtor 2 or non-filing spouse |
|--|--------------|-----------------------------------|
| 5h. Other payroll deductions. Specify: |              |                                   |
| 1. Dental                              | \$19.26      | \$0.00                            |
| 2. Gam Fee                             | \$7.37       | \$0.00                            |
| 3. Garnishment                         | \$369.11     | \$0.00                            |
| 8h.Other monthly income. Specify:      |              |                                   |
| 1. 19th & Roosevelt Coin Laundry       | \$604.02     | \$0.00                            |

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|                                    |                                       | Docu   | illient Page 36 01 7                                | (                 |   |
|------------------------------------|---------------------------------------|--|---|-------------------|---|
| Fill in this infor                 | mation to identif                     | y your case:   |   |                   |   |
| Debtor 1                           | Terrance                              | E  | Williamson  |                   |   |
|                                    | First Name                            | Middle Name  | Last Name   | Check if this is: |   |
| Debtor 2                           | Anntoinette                           |  | Williamson  |                   | na  |
| (Spouse, if filing)                | First Name                            | Middle Name  | Last Name   | An amended fili   | ng  |
| United States E                    | Bankruptcy Court                      | for the: Northern  | District of Illinois (State)                        |                   | howing post-petition chapter 13 the following date: |
| Case number (If known)             | -                                     |  |   | MM / DD / YYY     | <u>Y</u>  |
| Official                           | Form 10                               | 16J  | _   |                   |   |
| Schedul                            | e J: Your                             | Expenses   |   |                   | 12/15   |
| information. If<br>(if known). Ans |                                       |  |   |                   |   |
| 1. Is this a joi                   | nt case?                              |  |   |                   |   |
| No. Go                             | to line 2                             |  |   |                   |   |
| Yes. D                             | oes Debtor 2 liv                      | e in a separate household?   |   |                   |   |
|                                    | <b>✓</b> No                           |  |   |                   |   |
| Г                                  | Yes. Debtor 2                         | must file Official Forms 106J-2, Expen   | ses for Separate Household of Deb                   | tor 2.            |   |
| 2. Do you hav                      | e dependents?                         | ☐ No   |   |                   |   |
| Do not list Debtor 2.              | Debtor 1 and                          | Yes. Fill out this information for each dependent                                  | Dependent's relationship to<br>Debtor 1 or Debtor 2 | Dependent's age   | Does dependent live with you?                       |
|                                    |                                       |  | Child   | 10 years          | No.   |
|                                    |                                       |  |   |                   | ✓ Yes.  |
|                                    |                                       |  | Child   | 4 years           | No.   |
|                                    |                                       |  |   |                   | Yes.  |
|                                    |                                       |  | Child   | 11 years          | No.   |
|                                    |                                       |  |   |                   | ✓ Yes.  |
|                                    |                                       |  | Child   | 14 years          | No.   |
|                                    |                                       |  |   |                   | ✓ Yes.  |
|                                    | penses include<br>of people other     | <b>✓</b> No  |   |                   |   |
| than<br>yourself an                | d vour                                | Yes  |   |                   |   |
| dependents                         | -                                     |  |   |                   |   |
|                                    |                                       |  |   |                   |   |
| Part 2: Esti                       | mate Your On                          | going Monthly Expenses   |   |                   |   |
| -                                  | of a date after th                    | your bankruptcy filing date unless y<br>ne bankruptcy is filed. If this is a sup   |   |                   |   |
|                                    |                                       | h non-cash government assistance i<br>luded it on Sc <i>hedule I: Your Incom</i> e |   |                   | Your expenses                                       |
|                                    | l or home owner<br>or the ground or l | rship expenses for your residence. In ot. 4.                                       | clude first mortgage payments and                   |                   | <b>\$0.00</b>                                       |
| If not incl                        | luded in line 4:                      |  |   |                   |   |

4a

4b.

4c.

4d.

\$0.00

\$0.00

\$0.00

\$0.00

4a. Real estate taxes

4b. Property, homeowner's, or renter's insurance

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

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Debtor 1 Terrance E Williamson Case number (if known)
First Name Middle Name Last Name

| First Name Midt   | Last Name  |            |                  |
|---|--|------------|------------------|
|   |  |            | Your expenses    |
| 5. Additional mortgage payments for your r                                      | esidence, such as home equity loans                            | 5.         | \$0.00           |
| 6. Utilities:   |  |            |                  |
| 6a. Electricity, heat, natural gas  |  | 6a.        | \$250.00         |
| 6b. Water, sewer, garbage collection  |  | 6b.        | \$0.00           |
| 6c. Telephone, cell phone, Internet, satellite                                  | , and cable services   | 6c.        | \$256.00         |
| 6d. Other. Specify:   |  | 6d         | \$0.00           |
| 7. Food and housekeeping supplies   |  | 7.         | \$950.00         |
| 8. Childcare and children's education costs                                     | 5  | 8.         | \$0.00           |
| 9. Clothing, laundry, and dry cleaning  |  | 9.         | \$250.00         |
| 10. Personal care products and services   |  | 10.        | \$250.00         |
| 11. Medical and dental expenses   |  | 11.        | \$140.00         |
| 12. <b>Transportation.</b> Include gas, maintenance Do not include car payments | e, bus or train fare.  | 12.        | \$310.00         |
| 13. Entertainment, clubs, recreation, news                                      | papers, magazines, and books                                   | 13.        | \$0.00           |
| 14. Charitable contributions and religious of                                   | Ionations  | 14.        | \$0.00           |
| 15. <b>Insurance.</b> Do not include insurance deducted from yo                 | ur pay or included in lines 4 or 20.                           |            |                  |
| 15a. Life insurance   |  | 15a        | \$0.00           |
| 15b. Health insurance   |  | 15b        | \$0.00           |
| 15c. Vehicle insurance  |  | 15c        | \$83.00          |
| 15d. Other insurance. Specify:  |  | 15d        | \$0.00           |
| 16. Taxes. Do not include taxes deducted from                                   | n your pay or included in lines 4 or 20.                       |            |                  |
| Specify:  |  | 16         | \$0.00           |
| 17. Installment or lease payments:  |  | 10         |                  |
| 17a. Car payments for Vehicle 1   |  | 17a        | \$0.00           |
| 17b. Car payments for Vehicle 2   |  | 17b        | \$0.00           |
| 17c. Other. Specify:  |  | 17c        | \$0.00           |
|   |  | 17d        | \$0.00           |
|   | e, and support that you did not report as deducted from        |            | \$0.00           |
| your pay on line 5, Schedule I, Your Inc  | •  | 18.        |                  |
| 19.Other payments you make to support ot  | hers who do not live with you.                                 |            |                  |
| Specify:  | adia liana 4 au 5 af bhia fann an an Cabadula I. Vann Inaanna  | 19.        | \$0.00           |
| 20. Other real property expenses not include 20a. Mortgages on other property   | ed in lines 4 or 5 of this form or on Schedule I: Your Income. | 200        | <b>\$0.00</b>    |
| 20b. Real estate taxes.   |  | 20a<br>20b | \$0.00<br>\$0.00 |
| 20c. Property, homeowner's, or renter's ins                                     | urance   |            |                  |
| 20d. Maintenance, repair, and upkeep expe                                       |  | 20c<br>20d | \$0.00<br>\$0.00 |
| 20e. Homeowner's association or condomi   |  |            |                  |
| 255. Homeowiter 5 association of collactin                                      | mani duoc  | 20e        | \$0.00           |

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| Debtor 1 T        |                                  | E                     | Williamson  | Case number (if known) |     |          |    |
|-------------------|----------------------------------|-----------------------|-------------|------------------------|-----|----------|----|
| F                 | irst Name                        | Middle Name           | Last Name   |                        |     |          |    |
| 21. <b>Other.</b> | Specify:                         |                       |             |                        | 21  | \$0.0    | 00 |
|                   |                                  |                       |             |                        |     |          |    |
|                   | ate your monthly expenses.       |                       |             |                        |     | \$2,489. | 00 |
|                   | d lines 4 through 21.            |                       |             |                        |     | \$0.0    | 00 |
|                   | ppy line 22 (monthly expenses    | ,,                    |             |                        |     | \$2,489. | 00 |
| 22c. Ad           | d line 22a and 22b. The resul    | t is your monthly exp | enses.      |                        | 22. |          |    |
| 23.Calcula        | ite your monthly net income      | <b>).</b>             |             |                        |     |          |    |
| 23a. Co           | py line 12 (your combined mo     | onthly income) from   | Schedule I. |                        | 23a | \$2,749. | 22 |
| 23b. Co           | ppy your monthly expenses from   | om line 22 above.     |             |                        | 23b | \$2,489. | 00 |
|                   | btract your monthly expenses     |                       | ncome.      |                        |     | \$260.   | 22 |
| Th                | ne result is your monthly net in | icome.                |             |                        | 23c | -        |    |
|                   |                                  |                       |             |                        |     |          |    |

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| Fill in this infor  | mation to identify your ca | ase:        |                              |  |
|---------------------|----------------------------|-------------|------------------------------|--|
| Debtor 1            | Terrance                   | E           | Williamson                   |  |
|                     | First Name                 | Middle Name | Last Name                    |  |
| Debtor 2            | Anntoinette                |             | Williamson                   |  |
| (Spouse, if filing) | First Name                 | Middle Name | Last Name                    |  |
| United States E     | Bankruptcy Court for the:  | Northern    | District of Illinois (State) |  |
| Case number         |                            |             | (******,                     |  |

### Official Form 106Dec

### Check if this is an amended filing

### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Par | 1: Sign Below  |            |  |  |  |  |  |
|-----|--|------------|--|--|--|--|--|
|     | Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?  |            |  |  |  |  |  |
|     | <b>✓</b> No  |            |  |  |  |  |  |
|     | Yes. Name of person  |            | okruptcy Petition Preparer's Notice, Declaration, and<br>Official Form 119). |  |  |  |  |
|     |  |            |  |  |  |  |  |
|     |  |            |  |  |  |  |  |
|     | Under penalty of perjury, I declare that I have read the summary a that they are true and correct. | and schedu | les filed with this declaration and  |  |  |  |  |
| ×   | /s/ Terrance Williamson  | ×          | /s/ Anntoinette Williamson   |  |  |  |  |
|     | Signature of Debtor 1  |            | Signature of Debtor 2  |  |  |  |  |
|     | Date 3/6/2017<br>MM/DD/YYYY  |            | Date 3/6/2017<br>MM/DD/YYYY  |  |  |  |  |

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| Fill in this inf                        | formation to identify y  | our case:                        |  |   |          |   |
|---|--|----------------------------------|--|---|----------|---|
| Debtor 1                                | Terrance   | E                                | Williamso  | n   |          |   |
|   | First Name   | Middle                           | Name Last Nam  | ie e  |          |   |
| Debtor 2<br>(Spouse, if filing)         | Anntoinette First Name   | Middle                           | Williamso Name Last Nam  |   |          |   |
|   | - I list Name  |                                  |  |   |          |   |
| United States                           | s Bankruptcy Court for   | the: Northern                    | District of Illino (Stat   |   |          |   |
| Case numbe                              | er   |                                  | ·  |   |          |   |
| Official                                | l Form 107   |                                  |  |   |          | Check if this is amended filing                               |
|   |  | •                                | for Individuals  | Filing for Bankru   | ıptcy    | 12/   |
| nformation<br>number (if k              | i. If more space is n<br>known). Answer eve  | eeded, attach a sepery question. |  | together, both are equally in On the top of any addition                                      |          |   |
| Part II GI                              | ve Details About 1   | our Marital Status               | Sand Where You Lived   | Deloie  |          |   |
| 1. What                                 | is your current marit  | al status?                       |  |   |          |   |
| V                                       | Married  |                                  |  |   |          |   |
| <u> </u>                                | lot married  |                                  |  |   |          |   |
|   |  |                                  |  |   |          |   |
| 0 Di                                    | - th - last 0 ha   |                                  |  |   |          |   |
| 2. During                               | g the last 3 years, ha   | ve you lived anywhe              | re other than where you li   | ve now?   |          |   |
| □N                                      | lo   |                                  |  |   |          |   |
| □N                                      | lo   |                                  | re other than where you livest 3 years. Do not include to              |   |          |   |
| □ N                                     | lo   |                                  |  |   |          | Dates Debtor 2 lived there                                    |
| □ N                                     | lo<br>'es. List all of the plac  |                                  | st 3 years. Do not include v   | where you live now.  Debtor 2:  |          | there   |
| □ N                                     | lo<br>'es. List all of the plac  |                                  | st 3 years. Do not include v   | where you live now.   |          |   |
| □ N Y Y D                               | lo  'es. List all of the plac  ebtor 1:  22 S. 11th Ave.   |                                  | st 3 years. Do not include of Dates Debtor 1 lived there               | where you live now.  Debtor 2:  Same as Debtor 1  |          | there Same as Debtor 1  |
| □ N Y Y D                               | lo<br>'es. List all of the plac<br>lebtor 1:   |                                  | st 3 years. Do not include to Dates Debtor 1 lived there  From 10/2013 | where you live now.  Debtor 2:  |          | there Same as Debtor 1 From                                   |
| □ N Y Y D                               | lo  'es. List all of the plac  ebtor 1:  22 S. 11th Ave.   |                                  | st 3 years. Do not include of Dates Debtor 1 lived there               | where you live now.  Debtor 2:  Same as Debtor 1  |          | there Same as Debtor 1  |
| N Y Y                                   | lo  'es. List all of the plac  lebtor 1:  22 S. 11th Ave.  lumber Street  roadview Illinois            | es you lived in the las          | st 3 years. Do not include to Dates Debtor 1 lived there  From 10/2013 | where you live now.  Debtor 2:  Same as Debtor 1  Number Street                               | Zin Codo | there Same as Debtor 1 From                                   |
| N Y Y                                   | lo 'es. List all of the plac  lebtor 1:  22 S. 11th Ave.  lumber Street                                | es you lived in the las          | st 3 years. Do not include to Dates Debtor 1 lived there  From 10/2013 | where you live now.  Debtor 2:  Same as Debtor 1  Number Street  City State                   | Zip Code | there  Same as Debtor 1  From To                              |
| N Y Y                                   | lo  'es. List all of the plac  lebtor 1:  22 S. 11th Ave.  lumber Street  roadview Illinois            | es you lived in the las          | st 3 years. Do not include to Dates Debtor 1 lived there  From 10/2013 | where you live now.  Debtor 2:  Same as Debtor 1  Number Street                               | Zip Code | there Same as Debtor 1 From                                   |
| N Y Y                                   | lo  'es. List all of the plac  lebtor 1:  22 S. 11th Ave.  lumber Street  roadview Illinois  ity State | es you lived in the las          | Dates Debtor 1 lived there  From 10/2013 To 10/2015                    | where you live now.  Debtor 2:  Same as Debtor 1  Number Street  City State  Same as Debtor 1 | Zip Code | there  Same as Debtor 1  From To  Same as Debtor 1            |
| N Y Y                                   | lo  'es. List all of the plac  lebtor 1:  22 S. 11th Ave.  lumber Street  roadview Illinois            | es you lived in the las          | St 3 years. Do not include to there  From 10/2013 To 10/2015  From     | where you live now.  Debtor 2:  Same as Debtor 1  Number Street  City State                   | Zip Code | there  Same as Debtor 1  From To  Same as Debtor 1  From From |
| N Y                                     | lo  'es. List all of the plac  lebtor 1:  22 S. 11th Ave.  lumber Street  roadview Illinois  ity State | es you lived in the las          | Dates Debtor 1 lived there  From 10/2013 To 10/2015                    | where you live now.  Debtor 2:  Same as Debtor 1  Number Street  City State  Same as Debtor 1 | Zip Code | there  Same as Debtor 1  From To  Same as Debtor 1            |
| N Y Y Y D D D D D D D D D D D D D D D D | lo  'es. List all of the plac  lebtor 1:  22 S. 11th Ave.  lumber Street  roadview Illinois  ity State | es you lived in the las          | St 3 years. Do not include to there  From 10/2013 To 10/2015  From     | where you live now.  Debtor 2:  Same as Debtor 1  Number Street  City State  Same as Debtor 1 | Zip Code | there  Same as Debtor 1  From To  Same as Debtor 1  From From |

Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

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Williamson

Debtor 1 Terrance Case number (if known) Middle Name First Name Last Name Part 2: Explain the Sources of Your Income Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. Yes. Fill in the details. **Debtor 1** Debtor 2 Sources of income Sources of income **Gross income Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions and exclusions) exclusions) ✓ Wages, Wages, \$6372.28 From January 1 of current year until commissions, commissions, the date you filed for bankruptcy: bonuses, tips bonuses, tips Operating a Operating a business business Wages, Wages, \$15400.00 \$36217.00 For last calendar year: commissions, commissions, 2016 (January 1 to December 31, bonuses, tips bonuses, tips YYYY Operating a Operating a business business Wages, Wages, **✓** \$28000.00 \$5400.00 For the calendar year before that: commissions, commissions. (January 1 to December 31, 2015) bonuses, tips bonuses, tips Operating a Operating a business business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income Gross income from Sources of income Gross income from Describe below. each source Describe below. each source (before deductions and (before deductions and exclusions) exclusions) From January 1 of current year until the date you filed for bankruptcy: For last calendar year: (January 1 to December 31, 2016 For the calendar year before that: (January 1 to December 31, 2015

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Williamson Debtor 1 Terrance Case number (if known) Middle Name Last Name List Certain Payments You Made Before You Filed for Bankruptcy Part 3: 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of payment Total amount paid Amount you still owe Was this payment for... Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or

vendors
Other

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| Debtor 1                   | 1 Terrance                              |   | E  | Willi                                    | amson                                      | Case number (                             | (if known)   |
|----------------------------|---|---|--|--|--|---|--|
|                            | First Name                              |   | Middle Name  | Last                                     | Name                                       | <u></u>                                   | •  |
| Insi<br>corp<br>age<br>suc | iders include your<br>porations of whic | relatives; an<br>n you are an<br>for a busine | y general partners<br>officer, director, p<br>ess you operate as | ; relatives of any goerson in control, o | eneral partners; par<br>or owner of 20% or | tnerships of which yomore of their voting | who was an insider? ou are a general partner; securities; and any managing domestic support obligations, |
| <u> </u>                   |   |   | . to state .   |  |  |   |  |
|                            | Yes. List all pay                       | ments to a                                    | n insider.   |  |  |   |  |
|                            |   |   |  | Dates of payment                         | Total amount paid                          | Amount you still owe                      | Reason for this payment  |
|                            | Insider's Name                          |   |  |  |  |   |  |
|                            | Number Street                           |   |  |  |  |   |  |
|                            | City                                    | State   | Zip Code   |  |  |   |  |
|                            | Insider's Name                          |   |  |  |  |   |  |
|                            | Number Street                           |   |  |  |  |   |  |
|                            |   |   |  |  |  |   |  |
|                            | City                                    | State   | Zip Code   |  |  |   |  |
| insi                       | der?<br>ude payments on                 | debts guara                                   | or bankruptcy, danteed or cosigne                                | d by an insider.                         | Total amount paid                          | Amount you still owe                      | Reason for this payment  Include creditor's name   |
|                            | Insider's Name                          |   |  |  |  |   |  |
|                            | Number Street                           |   |  |  |  |   |  |
|                            | City                                    | State   | Zip Code   |  |  |   |  |
|                            | Insider's Name                          |   |  |  |  |   |  |
|                            | Number Street                           |   |  |  |  |   |  |
|                            | City                                    | State   | Zip Code   |  |  |   |  |

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Williamson Debtor 1 Terrance Case number (if known) Middle Name Last Name Part 4: Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No Yes. Fill in the details. Status of the case Nature of the case Court or agency Case title Civil Cook County Circuit Court Pending Turner Acceptance v. Terrance Court Name Williamson On appeal 50 West Washington Street NumberStreet Concluded Case number Illinois 60602 Chicago 15 M1 119491 City State Zip Code Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Value of the Describe the property Date property Federal Tax Refund 02/2017 \$3549 **IDES Springfield** Creditor's Name Explain what happened PO Box 19286 Number Street Property was repossessed. Benefit Repayments Property was foreclosed. Springfield Illinois 62794 Property was garnished. State Zip Code Property was attached, seized, or levied. Describe the property Date Value of the property Federal Tax Refund \$3883 02/2017 U S DEPT OF ED/GSL/ATL Creditor's Name Explain what happened PO BOX 2287 Number Street Property was repossessed. Property was foreclosed.

ATLANTA

City

30301

Zip Code

Georgia

State

Property was garnished.

Property was attached, seized, or levied.

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| Debt | tor 1 Terrance<br>First Name   | E<br>Middle Name  | Williamson<br>Last Name        | Case number (if known)                       |                        |
|------|--------------------------------|---|--------------------------------|--|------------------------|
| 11.  |                                | ou filed for bankruptcy, dic<br>ake a payment because y |                                | ank or financial institution, set off any an | nounts from your       |
|      | ✓ No  Yes. Fill in the details | S.  |                                |  |                        |
|      |                                |   | Describe the action the        | creditor took Date action was taken          | Amount                 |
|      | Creditor's Name                |   | -                              |  | _                      |
|      | Number Street                  |   | Last 4 digits of account n     | number: XXXX-                                |                        |
|      | City St                        | ate Zip Code  | -                              |  |                        |
| 12.  | Within 1 year before you       | ·   |                                | possession of an assignee for the benefit    | of creditors, a court- |
|      | No                             | stodian, or another officia                             | ll f                           |  |                        |
| Port | Yes  List Certain Gifts a      | and Contributions                                       |                                |  |                        |
| 13.  |                                |   | d you give any gifts with a to | otal value of more than \$600 per person?    |                        |
|      | ✓ No ✓ Yes. Fill in the detail | ls for each gift.                                       |                                |  |                        |
|      | Gifts with a total va          | lue of more than \$600                                  | Describe the gifts             | Dates you gave the gifts                     | Value                  |
|      | Person to Whom You             | Gave the Gift   | -                              |  |                        |
|      |                                |   | -                              |  |                        |
|      | Number Street                  | Tip Code  | _                              |  |                        |
|      | City St Person's relationship  | ate Zip Code<br>to you<br>-                             |                                |  |                        |
|      | Person to Whom You             | Gave the Gift   | -                              |  | _                      |
|      | Number Street                  |   | -                              |  |                        |
|      | City St Person's relationship  | ate Zip Code<br>to you                                  | -                              |  |                        |

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| ebtor 1  | Terrance   | E  | Williamson Case i                                   | number <i>(if known)</i> |                      |                    |
|----------|--|--|---|--------------------------|----------------------|--------------------|
|          | First Name   | Middle Name  | Last Name   | -                        |                      |                    |
|          |  |  |   |                          |                      |                    |
| . Wi     | thin 2 years before you fi   | led for bankruptcy, did  | you give any gifts or contributions with a          | total value of m         | ore than \$600       | to any charity?    |
|          | No   |  |   |                          |                      |                    |
| ⊻        |  |  |   |                          |                      |                    |
|          | Yes. Fill in the details fo  | r each gift or contributi  | on.   |                          |                      |                    |
|          | Gifts or contributions t   | to charities   | Describe what you contributed                       | 1                        | Date you             | Value              |
|          | that total more than \$6   |  | 200000 ,00 00                                       |                          | contributed          |                    |
|          |  |  |   |                          |                      |                    |
|          |  |  |   | -                        |                      | -                  |
|          | Charity's Name   |  |   |                          |                      |                    |
|          |  |  |   |                          |                      |                    |
|          |  |  |   |                          |                      |                    |
|          | Number Street  |  |   |                          |                      |                    |
|          |  |  |   |                          |                      |                    |
|          | City State   | Zip Code   | •   |                          |                      |                    |
|          | ,  | P  |   |                          |                      |                    |
| rt 6·    | List Certain Losses  |  |   |                          |                      |                    |
|          |  |  |   |                          |                      |                    |
| \A/: a   | bhin 4 waar hafara wan file  | ad fau hauleurustare au air  | an way filed for bonkmintor, did you look           | au.46!ua baaa            | a af thatt five      | athau diacatau au  |
|          | mbling?  | ed for parikruptcy or sir  | ice you filed for bankruptcy, did you lose          | anything becaus          | e or their, iire,    | other disaster, or |
| gai      | inbinig:   |  |   |                          |                      |                    |
| <b>✓</b> | No   |  |   |                          |                      |                    |
| П        | Yes. Fill in the details.  |  |   |                          |                      |                    |
|          |  |  |   |                          |                      |                    |
|          | Describe the property  | you lost and   | Describe any insurance coverage for                 |                          | Date of your         | Value of property  |
|          | how the loss occurred  |  | Include the amount that insurance has               |                          | loss                 | lost               |
|          |  |  | pending insurance claims on line 33 of              | Schedule                 |                      |                    |
|          |  |  | A/B: Property.                                      |                          |                      |                    |
|          |  |  |   |                          |                      |                    |
|          |  |  |   |                          |                      |                    |
| rt 7:    | List Certain Paymen  | ts or Transfers  |   |                          |                      |                    |
|          | No   | proj pomion proparoto, o   | r credit counseling agencies for services requ      | you. ba                  | apioy.               |                    |
|          | Yes. Fill in the details.  |  |   |                          |                      |                    |
| V        |  |  |   |                          |                      |                    |
|          |  |  | Description and value of any propert<br>transferred |                          | Date payment         | A                  |
|          |  |  |   |                          | or transfer          | Amount of          |
|          |  |  | transierrea   |                          | was made             | Amount of payment  |
|          | Semrad Law Firm  |  | transierrea   |                          | was made             | payment            |
|          | Person Who Was Paid  |  | Attorney's Fee - 350.00                             |                          | was made<br>3/3/2017 |                    |
|          | 5101 Washington Street   |  |   |                          |                      | payment            |
|          |  |  |   |                          |                      | payment            |
|          | Number Street  |  |   |                          |                      | payment            |
|          |  |  |   |                          |                      | payment            |
|          | Unit 29  |  |   |                          |                      | payment            |
|          | Unit 29 Gurnee Illino  | is 60031   |   |                          |                      | payment            |
|          | Unit 29  | is 60031   |   |                          |                      | payment            |
|          | Unit 29 Gumee Illino City State  | is 60031<br>Zip Code   |   |                          |                      | payment            |
|          | Unit 29 Gurnee Illino  | is 60031<br>Zip Code   |   |                          |                      | payment            |
|          | Gurnee Illino City State  Email or website address   | is 60031<br>Zip Code   |   |                          |                      | payment            |
|          | Unit 29 Gumee Illino City State  | is 60031<br>Zip Code   |   |                          |                      | payment            |
|          | Unit 29 Gumee Illino City State Email or website address Person Who Made the P   | is 60031<br>Zip Code   |   |                          |                      | payment            |
|          | Gurnee Illino City State  Email or website address   | is 60031<br>Zip Code   |   |                          |                      | payment            |
|          | Unit 29  Gumee Illino City State  Email or website address  Person Who Made the P  | is 60031<br>Zip Code   |   |                          |                      | payment            |
|          | Unit 29 Gumee Illino City State Email or website address Person Who Made the P   | is 60031<br>Zip Code   |   |                          |                      | payment            |
|          | Unit 29  Gumee Illino City State  Email or website address  Person Who Made the P  | is 60031<br>Zip Code   |   |                          |                      | payment            |
|          | Unit 29  Gumee Illino City State  Email or website address  Person Who Made the P  | is 60031<br>Zip Code   |   |                          |                      | payment            |
|          | Unit 29 Gumee Illino City State Email or website address Person Who Made the Person Who Was Paid Number Street               | is 60031<br>2 Zip Code<br>3<br>ayment, if Not You  |   |                          |                      | payment            |
|          | Unit 29  Gumee Illino City State  Email or website address  Person Who Made the P  | is 60031<br>2ip Code<br>3<br>ayment, if Not You  |   |                          |                      | payment            |
|          | Unit 29 Gumee Illino City State Email or website address Person Who Made the P Person Who Was Paid Number Street  City State | is 60031 Provide Signal |   |                          |                      | payment            |
|          | Unit 29 Gumee Illino City State Email or website address Person Who Made the Person Who Was Paid Number Street               | is 60031 Provide Signal |   |                          |                      | payment            |
|          | Unit 29 Gumee Illino City State Email or website address Person Who Made the P Person Who Was Paid Number Street  City State | is 60031 Zip Code  ayment, if Not You  Zip Code  |   |                          |                      | payment            |

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| Debtor 1 | Terrance  | Е                        | Williamson  | Case number (if known)           |   |                              |
|----------|---|--------------------------|---|----------------------------------|---|------------------------------|
|          | First Name  | Middle Name              | Last Name   |                                  |   |                              |
| helj     |   | editors or to make payr  | you or anyone else acting on<br>nents to your creditors?<br>on line 16. | your behalf pay or transfer      | any property to anyor                         | ne who promised to           |
| <b>✓</b> | No<br>Yes. Fill in the details.   |                          |   |                                  |   |                              |
|          |   |                          | Description and value of transferred                                    | f any property                   | Date Am<br>payment or<br>transfer was<br>made | nount of payment             |
|          | Person Who Was Paid   |                          | -   |                                  |   |                              |
|          | Number Street   |                          | <del>-</del><br>-   |                                  |   |                              |
|          | City State  | e Zip Code               | -   |                                  |   |                              |
| Incl     | ordinary course of your ude both outright transfer transfers that you have a No Yes. Fill in the details. | rs and transfers made as | security (such as the granting of                                       | f a security interest or mortgag | ge on your property). D                       | o not include gifts          |
|          |   |                          | Description and value of property transferred                           |                                  | property or<br>ceived or debts paid           | Date<br>transfer was<br>made |
|          | Person Who Received T   | ransfer                  | -   |                                  |   |                              |
|          | Number Street   |                          | _   |                                  |   |                              |
|          | City State<br>Person's relationship to  | •                        | -   |                                  |   |                              |
|          | Person Who Received T   | ransfer                  | -   |                                  |   |                              |
|          | Number Street   |                          | <del>-</del><br>-   |                                  |   |                              |
|          | City State Person's relationship to   | •                        | -   |                                  |   |                              |
| ben      | hin 10 years before you<br>neficiary?<br>ese are often called asset-                                      |                          | id you transfer any property t  | o a self-settled trust or simi   | lar device of which yo                        | ou are a                     |
| V        | No<br>Yes. Fill in the details.   |                          |   |                                  |   |                              |
|          | . sa iii alo dotailo.   |                          | Description and value   | of the property transferred      |   | Date<br>transfer was<br>made |
|          | Name of trust   |                          |   |                                  |   |                              |

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Williamson Debtor 1 Terrance \_ Case number (if known) Middle Name First Name Last Name List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account Type of account or Date Last balance account was before number instrument closed, sold, closing or moved, or transfer transferred XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? No Name of Financial Institution Name Yes Number Street Number Street City State Zip Code City Zip Code State 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Do you still Who else had access to it? Describe the contents have it? No Name of Storage Facility Name Number Street Street Number City State Zip Code

City

State

Zip Code

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Williamson Debtor 1 Terrance \_\_ Case number (if known) Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. Yes. Fill in the details. Where is the property? Describe the contents Value Owner's Name **NumberStreet** Number Street City State Zip Code Zip Code City State Part 10: **Give Details About Environmental Information** For the purpose of Part 10, the following definitions apply: ■ Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street Number Street City State Zip Code City State Zip Code 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street NumberStreet City State Zip Code

City

State

Zip Code

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| Debt |                   | Terrance             |                | E                 | Williamson                    | Case n                    | number <i>(if k</i> | nown)        |                                   |                                |
|------|-------------------|----------------------|----------------|-------------------|-------------------------------|---------------------------|---------------------|--------------|-----------------------------------|--------------------------------|
|      |                   | First Name           |                | Middle Name       | Last Name                     |                           |                     |              |                                   |                                |
| 26.  |                   | No                   |                | ial or administ   | trative proceeding under      | r any environmenta        | l law? Inc          | lude settlem | nents and orde                    | ers.                           |
|      |                   | Yes. Fill in the det | ails.          |                   |                               |                           |                     |              |                                   |                                |
|      |                   |                      |                |                   | Court or agency               |                           | Nature of           | the case     |                                   | Status of the case             |
|      |                   | Case title           |                |                   |                               |                           |                     |              |                                   | Pending                        |
|      |                   |                      |                |                   | Court Name                    |                           |                     |              |                                   | On appeal                      |
|      |                   | Case number          |                |                   | NumberStreet                  |                           |                     |              |                                   | Concluded                      |
|      |                   |                      |                |                   | City State                    | Zip Code                  |                     |              |                                   |                                |
| Part | 11:               | Give Details Ab      | oout Your B    | Business or C     | onnections to Any Bu          | usiness                   |                     |              |                                   |                                |
| 27.  | With              | nin 4 years before   | you filed for  | bankruptcy, di    | d you own a business or       | have any of the fol       | lowing co           | nnections to | any business                      | ?                              |
|      |                   | A sole propri        | etor or self-e | mployed in a tr   | rade, profession, or othe     | er activity, either full- | time or pa          | art-time     |                                   |                                |
|      |                   | A member of          | a limited liab | ility company (   | (LLC) or limited liability pa | artnership (LLP)          |                     |              |                                   |                                |
|      |                   | A partner in a       | a partnership  | •                 |                               |                           |                     |              |                                   |                                |
|      |                   | An officer, di       | rector, or ma  | naging executi    | ive of a corporation          |                           |                     |              |                                   |                                |
|      |                   | An owner of          | at least 5% o  | f the voting or   | equity securities of a cor    | poration                  |                     |              |                                   |                                |
|      | _                 | <b>—</b>             |                |                   | •                             |                           |                     |              |                                   |                                |
|      | $ \underline{V} $ | No. None of the a    |                |                   |                               |                           |                     |              |                                   |                                |
|      |                   | Yes. Check all tha   | at apply abov  | e and fill in the | e details below for each l    | business.                 |                     |              |                                   |                                |
|      |                   |                      |                |                   | Describe the nat              | ure of the business       |                     |              | lentification n<br>ial Security n | umber Do not<br>umber or ITIN. |
|      |                   | Duainaga Nama        |                |                   |                               |                           |                     | EIN:         |                                   |                                |
|      |                   | Business Name        |                |                   |                               |                           |                     |              |                                   |                                |
|      |                   | Number Street        |                |                   | Name of account               | tant or bookkeeper        |                     | Dates busin  | ess existed                       |                                |
|      |                   | City                 | State          | Zip Code          | _                             |                           |                     | From         | To                                |                                |
|      |                   |                      |                |                   |                               |                           |                     |              |                                   |                                |
|      |                   |                      |                |                   | Describe the nat              | ure of the business       |                     |              | lentification n                   | umber Do not<br>umber or ITIN. |
|      |                   | Business Name        |                |                   | _                             |                           |                     | EIN:         |                                   |                                |
|      |                   | Number Street        |                |                   |                               |                           |                     | Dates busin  | ness existed                      |                                |
|      |                   |                      |                |                   | Name of account               | tant or bookkeeper        |                     |              |                                   |                                |
|      |                   | City                 | State          | Zip Code          |                               |                           |                     | From         | To                                |                                |
|      |                   |                      |                |                   |                               |                           |                     |              |                                   |                                |
|      |                   |                      |                |                   | Describe the nat              | ure of the business       |                     |              | lentification n                   |                                |
|      |                   |                      |                |                   |                               |                           |                     | EIN:         | cial Security n                   | umber or ITIN.                 |
|      |                   | Business Name        |                |                   |                               |                           |                     |              |                                   |                                |
|      |                   | Number Street        |                |                   | Name of account               | tant or bookkeeper        |                     | Dates busin  | ness existed                      |                                |
|      |                   | City                 | State          | Zip Code          |                               | ant of bookkeeper         |                     | From         | To                                |                                |
|      |                   |                      |                |                   |                               |                           |                     |              |                                   | <del></del>                    |
|      |                   |                      |                |                   |                               |                           |                     |              |                                   |                                |

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| Debte | or 1 Terrand | e   | E                    | Williamson                      | Case number (if known)   |
|-------|--------------|---|----------------------|---------------------------------|--|
|       | First Na     | me  | Middle Name          | Last Name                       |  |
|       | creditors,   | ears before you filed for or other parties.  Fill in the details below. | or bankruptcy, did y | ou give a financial statemer    | nt to anyone about your business? Include all financial institutions,  |
|       |              |   |                      | Date issued                     |  |
|       | Name         | <u> </u>  |                      | MM/DD/YYYY                      |  |
|       |              |   |                      |                                 |  |
|       | Num          | ber Street  |                      | <del>_</del>                    |  |
|       | City         | State   | Zip Code             | <del>_</del>                    |  |
| Part  |              | Below   | •                    |                                 |  |
|       |              |   | nes up to \$250,000, |                                 | ty, or obtaining money or property by fraud in connection with 0 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
|       |              | Signature of Debto  | or 1                 |                                 | Signature of Debtor 2  |
|       |              | Date 3/6/2017   |                      |                                 | Date 3/6/2017  |
| D     | id you atta  | ich additional pages to   | Your Statement o     | f Financial Affairs for Individ | uals Filing for Bankruptcy (Official Form 107)?  |
| Ī,    | No           |   |                      |                                 |  |
| Ī     | Yes          |   |                      |                                 |  |
| D     | id you pay   | or agree to pay some  | one who is not an a  | ttorney to help you fill out b  | ankruptcy forms?   |
| Ŀ     | <b>✓</b> No  |   |                      |                                 |  |
| Ī     | Yes. Na      | me of person  |                      |                                 | Attach the Bankruptcy Petition Preparer's Notice,  |

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| Debtor 1   | Terrance                        |                 | E                 | Williamson                       | Case number (if known)              |                       |
|------------|---------------------------------|-----------------|-------------------|----------------------------------|-------------------------------------|-----------------------|
|            | First Name                      |                 | Middle Name       | Last Name                        |                                     |                       |
|            | Additional Page                 | 9               |                   |                                  |                                     |                       |
| 10. Within | ı 1 year before yo              | u filed for bar | nkruptcy, was any | of your property repossessed, fo | reclosed, garnished, attached, seiz | zed, or levied?       |
|            |                                 |                 |                   | Describe the property            | Date                                | Value of the property |
|            | TURNER ACCEP<br>Creditor's Name |                 |                   | Wages                            | 02/2017                             | \$800                 |
|            | 4450 N WESTERI                  | N               |                   | Explain what happened            |                                     |                       |
|            | Number Street                   |                 |                   |                                  |                                     |                       |
|            | CHICAGO                         | Illinois        | 60625             | Property was repossessed.        |                                     |                       |
|            | City                            | State           | Zip Code          | Property was foreclosed.         |                                     |                       |
|            |                                 |                 |                   | Property was garnished.          |                                     |                       |
|            |                                 |                 |                   | Property was attached, seiz      | ed, or levied.                      |                       |

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B2030 (Form 2030) (12/15)

### **UNITED STATES BANKRUPTCY COURT**

Northern District of Illinois

| ro  | Terrance E Williamson ; Anntoinette Williamson  | Case No.                                       |                                 |
|-----|---|--|---------------------------------|
| re_ | Debtor  | Case No  | (If known)                      |
|     |   | Chapter  | Chapter 13                      |
| 1   | DISCLOSURE OF COMPENS  1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2010  | 6(b), I certify that I am the attorney for the | e abovenamed debtor(s) and that |
|     | compensation paid to me within one year before the fili<br>rendered or to be rendered on behalf of the debtor(s) in   |  |                                 |
|     | For legal services, I have agreed to accept   |  | \$4,000.00                      |
|     | Prior to the filing of this statement I have received   |  | \$350.00                        |
|     | Balance Due   |  | \$3,650.00                      |
| 2   | 2. The source of the compensation paid to me was:   |  |                                 |
|     | <b>✓</b> Debtor Othe  | er (specify)                                   |                                 |
| 3   | 3. The source of the compensation paid to me is:  |  |                                 |
|     | <b>✓</b> Debtor Othe  | er (specify)                                   |                                 |
| 4   | 4. I have not agreed to share the above-disclosed cor members and associates of my law firm.  | npensation with any other person unless        | s they are                      |
|     | I have agreed to share the above-disclosed compermembers or associates of my law firm. A copy of the people sharing in the compensation, is attached        | he agreement, together with a list of the r    |                                 |
| 5   | <ol> <li>In return for the above-disclosed fee, I have agreed to r</li> <li>a. Analysis of the debtor's financial situation, and<br/>bankruptcy;</li> </ol> |  |                                 |
|     | b. Preparation and filing of any petition, schedule   | s, statements of affairs and plan which m      | nay be required;                |
|     | c. Representation of the debtor at the meeting of   | creditors and confirmation hearing, and a      | any adjourned hearings thereof; |
|     | d. Representation of the debtor in adversary process  | eedings and other contested bankruptcy         | matters;                        |
| 6   | 6. By agreement with the debtor(s), the above-disclosed f   | ee does not include the following service      | es:                             |
|     |   |  |                                 |
|     | (   | CERTIFICATION                                  | _                               |
| dek | I certify that the foregoing is a complete statement of any<br>otor(s) in this bankruptcy proceedings.  | y agreement or arrangement for payment         | to me for representation of the |
| _   | 3/6/2017  | /s/ Nathan Delman                              |                                 |
|     | Date  | Signature of Attorney                          |                                 |
|     |   | Semrad Law Firm                                |                                 |
|     |   | Name of law firm                               |                                 |

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### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

### RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.

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6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.

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- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

### C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3.If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

### D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
  - Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services. However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filling, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

#### E. CONDUCT AND DISCHARGE

- 1. Improper conduct by the attorney. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. Improper conduct by the debtor. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

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#### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$401.52
- 3. Before signing this agreement, the attorney has received, \$350.00 toward the flat fee, leaving a balance due of \$3,650.00; and \$91.52 for expenses, leaving a balance due of \$4,051.52
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date: 3/3/2017                  |               |                        |
|---------------------------------|---------------|------------------------|
| Signed:                         | 540.          | ~                      |
| Isi Terrance Williamson Vevican | er Williamson | 112                    |
| /s/ Anntoinette Williamson 🏻 🖍  |               | /s/ Nathan Delman      |
| Debtor(s)                       | , <del></del> | Attorney for Debtor(s) |

Do not sign if the fee amounts at top of this page are blank.

Local Bankruptcy Form 23c

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### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

### RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.

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6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.

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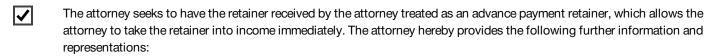
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

### C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3.If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

### D. RETAINERS AND PREVIOUS PAYMENTS

1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.



- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

  Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services.

  However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$401.52
- 3. Before signing this agreement, the attorney has received, \$350.00 toward the flat fee, leaving a balance due of \$3,650.00; and \$91.52 for expenses, leaving a balance due of \$4,051.52
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date: 3/6/2    | 2017         |                        |  |
|----------------|--------------|------------------------|--|
| Signed:        |              |                        |  |
| /s/ Terrance W | /illiamson   |                        |  |
| /s/ Anntoinett | e Williamson | /s/ Nathan Delman      |  |
| Debtor(s)      |              | Attorney for Debtor(s) |  |

Do not sign if the fee amounts at top of this page are blank.

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

### **Chapter 7: Liquidation**

|   | \$245 | filing fee         |
|---|-------|--------------------|
|   | \$75  | administrative fee |
| + | \$15  | trustee surcharge  |
|   | \$335 | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### Chapter 11: Reorganization

|   | \$1,167 | filing fee         |
|---|---------|--------------------|
| + | \$550   | administrative fee |
|   | \$1,717 | total fee          |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$275 | total fee          |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$200 | filing fee         |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes.
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

### Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury either orally or in writing in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to:
<a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a>
20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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### **UNITED STATES BANKRUPTCY COURT**

Northern District of Illinois

| In re: | Williamson, Terrance E; Williamson, Anntoinette  Debtor(s) | Case No                            |                                       |  |  |
|--------|--|------------------------------------|---------------------------------------|--|--|
|        |  | Chapter.                           | Chapter13                             |  |  |
|        | VERIFICATION   | OF CREDITOR MA                     | TRIX                                  |  |  |
| nowle  | The above named Debtors hereby verify that the addge.      | ttached list of creditors is t     | true and correct to the best of their |  |  |
| Date:  | 3/6/2017   | /s/ Williamson,<br>Williamson, Ter |                                       |  |  |
|        |  | Signature of De                    |                                       |  |  |
|        |  | /s/ Williamson,                    |                                       |  |  |
|        |  | Williamson, An<br>Signature of Jo  |                                       |  |  |

IDOR-Bankruptcy Section PO Box 64338 Chicago, IL, 60664

CHGO ACCEPT 6231 N Western Ave Chicago, IL, 60659

TURNER ACCEP 4450 N WESTERN CHICAGO, IL, 60625

U S DEPT OF ED/GSL/ATL PO BOX 2287 ATLANTA, GA, 30301

CCI 501 Greene Street # 302 Augusta, GA, 30901

SOUTHWEST CREDIT SYSTE 5910 W PLANO PKWY STE 10 PLANO, TX, 75093

GUARANTY SAVINGS BK 7901 W BROWN DEER RD MILWAUKEE, WI, 53223

FIRST PREMIER BANK c/o Jefferson Capital Systems LLC PO Box 7999 c/o Linda Dold Saint Cloud, MN, 56302

RECOVERY ONE LLC 3240 HENDERSON RD COLUMBUS, OH, 43220

ENHANCED RECOVERY CO L 8014 BAYBERRY RD JACKSONVILLE, FL, 32256

MERCHANTS CR 223 W JACKSON ST SUITE 900 CHICAGO, IL, 60606 SYNCB/WALMAR PO BOX 965024 EL PASO, TX, 79998

IDES Springfield PO Box 19286 Benefit Repayments Springfield, IL, 62794

Peoples Gas 200 E. Randolph Chicago, IL, 60601

Speedy Loan - Waukegan 2850 Belvidere Rd Waukegan, IL, 60085

City of Chicago - Parking and red Light Tickets 121 N. LaSalle Street Chicago, IL, 60602

IL Secretary of State 2701 S. Dirksen Parkway Springfield, IL, 62723

Advocate Health Care 4001 Vollmer Rd Olympia Flds, IL, 60461

Lake County Acute Care LLP PO Box 41309 Nashville, TN, 37204

Rush University Medical Center Po Box 4075 Carol Stream, IL, 60197

Lake County Circuit Clerk's Office 301 Greenleaf St Waukegan, IL, 60085

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| Debtor 1 Terrance   | E<br>Middle Name  | Williamson<br>Last Name   | Case number (if known)   |  |
|---|---|---|--|--|
| Part 6: Answer These Que  | estions for Reporting Purpose   |   |  |  |
| 16. What kind of debts do you have?   | 16a. Are your debts primarii "incurred by an individu No. Go to line 16b. Yes. Go to line 17.   | ly consumer debts? al primarily for a perso ly business debts? B investment or throug   | onal, family, or household pusiness debts are debts the household had been debts the bus   | ourpose."  at you incurred to obtain iness or investment.  |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | No. I am not filing under Chapter of the expenses are paid that No.   | ter 7. Do you estimate th   | at after any exempt property<br>to distribute to unsecured cre   | is excluded and administrative<br>editors?   |
| 18. How many creditors<br>do you estimate that<br>you owe?  | ✓ 1-49<br>☐ 50-99<br>☐ 100-199<br>☐ 200-999   | 1,000-5,0<br>5,001-10<br>10,001-2   | ,000   | 25,001-50,000<br>50,001-100,000<br>More than 100,000   |
| 19. How much do you<br>estimate your assets<br>to be worth?   |   | \$10,000,<br>\$50,000,  | 01-\$10 million<br>001-\$50 million<br>001-\$100 million<br>0,001-\$500 million  | \$500,000,001-\$1 billion<br>\$1,000,000,001-\$10 billion<br>\$10,000,000,001-\$50 billion<br>More than \$50 billion |
| 20. How much do you estimate your liabilities to be?  | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million  | \$10,000,<br>\$50,000,  | 01-\$10 million<br>001-\$50 million<br>001-\$100 million<br>0,001-\$500 million  | \$500,000,001-\$1 billion<br>\$1,000,000,001-\$10 billion<br>\$10,000,000,001-\$50 billion<br>More than \$50 billion |
| Part 7: Sign Below  |   |   |  |  |
| For you   | correct.  If I have chosen to file under of title 11, United States Coounder Chapter 7.  If no attorney represents me a out this document, I have obtilizequest relief in accordance. I understand making a false s | Chapter 7, I am aware de. I understand the re and I did not pay or actained and read the now with the chapter of tit tatement, concealing | that I may proceed, if eligitief available under each charee to pay someone who intice required by 11 U.S.C. le 11, United States Code, property, or obtaining mor | specified in this petition.<br>ney or property by fraud in   |
| 1<br>1<br>1   | connection with a bankruptcy<br>both. 18 U.S.C. §§ 152, 134*  |   | es up to \$250,000, or imp   | risonment for up to 20 years, or  Williamson An Sum.   |
|   | Signature of Debtor 1  Executed on3/3/2017  | ) W 00 / YYYY   | Signature of Debto   |  |

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| Fill in this infor   | mation to identify your c | ase:        |                      |  |
|----------------------|---------------------------|-------------|----------------------|--|
| Debtor 1             | Тепалсе                   | E           | Williamson           |  |
|                      | First Name                | Middle Name | Last Name            |  |
| Debtor 2             | Anntoinette               |             | Williamson           |  |
| (Spause, if filling) | First Name                | Middle Name | Last Name            |  |
| United States E      | Bankruptcy Court for the: | Northern    | District of Illinois |  |
| Case number          |                           |             | (State)              |  |

### Official Form 106Dec

Check if this is an amended filing

### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Par  | rt 1: Sign Below                                 |   |  |  |  |  |
|--|--|---|--|--|--|--|
|  | Did you pay or agree to pay someone who is NOT a | attorney to help you fill out bankruptcy forms?   |  |  |  |  |
|  | ☑ No   |   |  |  |  |  |
|  | Yes. Name of person                              | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |  |  |  |  |
|  |  |   |  |  |  |  |
|  |  |   |  |  |  |  |
| Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. |  |   |  |  |  |  |
| ×  | /s/ Terrance Williamson Deviance Q               | Milliamson X /s/ Anntoinette Williamson Www.  |  |  |  |  |
|  | Signature of Debtor 1                            | Signature of Debtor 2   |  |  |  |  |
|  | Date 3/3/2017<br>MM/DD/YYYY                      | Date 3/3/2017<br>MM/DD/YYYY   |  |  |  |  |

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| ebtor 1  | Terrance  | 1                | <u> </u>            | Williamson                 | Case number (it known)  |  |
|----------|---|------------------|---------------------|----------------------------|---|--|
|          | First Name  |                  | Middle Name         | Last Name                  |   |  |
|          | thin 2 years be<br>editors, or othe   |                  | oankruptcy, did you | ı give a financiał statem  | ent to anyone about your business? Include all financial institution  |  |
|          | No<br>Yes, Fill in the  | e details below. |                     |                            |   |  |
|          |   |                  |                     | Date issued                |   |  |
|          | Name  |                  |                     | MM/DD/YYYY                 |   |  |
|          | Number Str  | eet              |                     |                            |   |  |
|          | City  | State            | Zip Code            |                            |   |  |
|          | Sign Below  |                  |                     |                            |   |  |
| a ba     | *   |                  | mson Verzami        | r imprisonment for up to   | 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  **  /s/ Anntoinette Williamson  Signature of Debtor 2 |  |
|          | D   | ate 3/3/2017     |                     |                            | Date 3/3/2017   |  |
| Did y    | you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? |                  |                     |                            |   |  |
|          | No  |                  |                     |                            |   |  |
|          |   |                  |                     |                            |   |  |
| <u> </u> | Yes   |                  |                     |                            |   |  |
|          | Yes   | e to pay someon  | e who is not an att | orney to help you fill out | bankruptcy forms?   |  |
| Did )    | Yes   | e to pay someon  | e who is not an att | orney to help you fill out | bankruptcy forms?  Attach the Bankruptcy Petition Preparer's Notice,  |  |

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### **UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois** 

| in re: | Williamson, Terrance E. Williamson, Anntoinette        | Case No  |                                |
|--------|--|--|--------------------------------|
|        | Debtor(s)  | Chapter.   | Chapter13                      |
|        |  | Ondplos  |                                |
|        | VERIFICATION C   | F CREDITOR MATRIX                                  |                                |
| nowlec | The above named Debtors hereby verify that the attage. | ached list of creditors is true an                 | d correct to the best of their |
| ate:   | 3 <i>/</i> 3 <i>/</i> 2017                             | /s/ Williamson, Terrance                           | E Williams Verson              |
| *****  |  | Williamson, Terrance E<br>Signature of Debtor      | , ,                            |
|        |  | /s/ Williamson, Anntoin                            | ette Uno Wi                    |
|        |  | Williamson, Anntoinette<br>Signature of Joint Debt |                                |

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| Debto | r 1 Terrance  | Ε   | Williamson                         | Case number (if known)   |                     |  |  |
|-------|---|---|------------------------------------|--|---------------------|--|--|
| 20010 | First Name  | e Middle Nan  | ne Last Name                       |  |                     |  |  |
| 16.   | Calculate t   | he median family income that a  | applies to you. Follow these       | steps:   |                     |  |  |
|       | 16a, Fill in t  | he state in which you live.   | Illinois                           | ······   |                     |  |  |
|       | 16b. Fill in t  | he number of people in your hous  | sehold. 6                          |  |                     |  |  |
|       | house   |   | T                                  | o find a list of applicable median income amounts, go online<br>list may also be available at the bankruptcy clerk's office. | \$106,880.00        |  |  |
| 17.   | How do the lines compare?   |   |                                    |  |                     |  |  |
|       | 17a. Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Disposable Income (Official Form 122C-2).                 |   |                                    |  |                     |  |  |
|       | U   |   | and fill out Calculation of D      | i, check box 2. Disposable income is determined under 11 isposable income (Official Form 122C-2). On line 39 of that         |                     |  |  |
| Part  | Calcul  | ate Your Commitment Peri  | od Under 11 U.S.C. §13             | 25(b)(4)   |                     |  |  |
| 18.   | Copy your   | total average monthly income f  | rom line 11.                       |  | \$4,573.30          |  |  |
| 19.   | Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13. |   |                                    |  |                     |  |  |
|       | 19a. If the r   | marital adjustment does not apply.  | , fill in 0 on line 19a.           |  | -\$0.00             |  |  |
|       | 19b. Subtra   | act line 19a from line 18.  |                                    |  | \$4,573.30          |  |  |
| 20.   | Calculate y   | our current monthly income fo   | r the year. Follow these step      | s:   |                     |  |  |
|       | 20a. Copy l   | ine 19b.  |                                    | Will have  | \$4,573.30          |  |  |
|       | Multip  | ly by 12 (the number of months in   | n a year).                         |  | x 12                |  |  |
|       | 20b, The re   | sult is your current monthly incom  | ne for the year for this part of t | the form.  | \$54,879.60         |  |  |
|       | 20c. Copy the median family income for your state and size of household from line 16c.  |   |                                    |  |                     |  |  |
| 21.   | How do the lines compare?   |   |                                    |  |                     |  |  |
|       | Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, The commitment period is 3 years. Go to Part 4.  |   |                                    |  |                     |  |  |
|       |   | b is more than or equal to line 20 commitment period is 5 years. Go       |                                    | by the court, on the top of page 1 of this form, check box   |                     |  |  |
| Part  | Sign B  | elow  |                                    |  |                     |  |  |
|       | By sign   |   |                                    | on this statement and in any attachments is true and correct.  |                     |  |  |
|       |   | s/ Terrance Williamson Jeo  | rance Williams                     | Signature of Debtor 2  | addings that Said 1 |  |  |
|       | Da  | te 3/3/2017<br>MM/DD/YYYY   |                                    | Date 3/3/2017<br>MM/DD/YYYY  |                     |  |  |
|       |   | checked 17a, do NOT fill out or file<br>checked 17b, fill out Form 122C-2 |                                    | line 39 of that form, copy your current monthly income from line   | e 14                |  |  |